

REQUEST FOR PROPOSAL

Program Year 2019 Public Service COVID 19 Projects

St. Clair County Intergovernmental grants Department (IGD) is currently seeking sub recipient projects for the Program Year 2019 Public Service COVID 19 funds. Community Development Block Grant (CDBG) COVID 19 funds are provided by the U.S. Department of Housing and Urban Development (HUD) to address COVID 19 (coronavirus) hardships/data gathering. The goal is to make available flexible financial resources to businesses/community-based and medical organizations to enable essential service delivery to prevent, prepare for, and respond to coronavirus. Federal law requires that these housing and community development grant funds primarily benefit low- and moderate- income persons.

Non-profit agencies, public agencies and Community-Based Development organizations are eligible to apply for the COVID 19 grant funds. Agency must be able to document COVID 19 hardship

Applications are due by **Friday, July 3, 2020** at 4:00 p.m. Contracts are expected to be made available upon receipt of funding from HUD (anticipated July 15, 2020). All projects should be designed to begin immediately with full project completion by December 31, 2020.

Interested parties should contact the St. Clair County Intergovernmental Grants Department at (618) 825-3226 to request an application or applications will be available for download at:

<http://www.co.st-clair.il.us/departments/grants/development/Pages/default.aspx>

All responses must be submitted by 4:00 p.m. Friday, July 3, 2020.

**St. Clair County Intergovernmental grants Department
19 Public Square, Suite 200
Belleville, IL 62220
Attn: Monique York
Monique.York@co.st-clair.il.us
618.825.3226**



An Equal Opportunity Employer



**Community Development Block Grant
COVID-19
Public Service Sub-Recipient Application**
(Funds administered by St. Clair County)

Program Year: 2019

Applications are due by Friday, July 3, 2020 at 4:00 p.m.

St. Clair County
Intergovernmental Grants Department
19 Public Square, Suite 200
Belleville, IL 62220
Phone: 618-277-6790
www.co.st-clair.il.us/departments/grants

**St. Clair County
Intergovernmental Grants Department
Community Development Block Grant Program
Application for COVID-19 Public Services funding
Background Information**

Date: _____

Program/Project Title: _____

Agency: _____

Address: _____

Tax ID: _____

DUNS Number: _____

Telephone: _____

Proposal Submitted by: _____

Title: _____

Contact Person: _____

(Do NOT skip questions. Answer each question completely. If a question does not apply please write N/A.)

CDBG-COVID-19 Amount Being Requested: \$ _____

Checklist of Required Documents

- Narrative data on project, program and applicant
- Articles of Incorporation and By-Laws
- State and Federal Tax Exemption Determination Letters
- List of Board of Directors
- Board of Directors' authorization to request funds
- Board of Directors' designation of authorized official
- Resume of Program Administrator
- Resume of Fiscal Officer
- Financial statement and most recent audit
- Proposed Budget
- Documentation of Compliance/Hardship with CDBG National Objective for COVID-19

A. Project Summary

Agency must provide the following with the application:

Narrative: attach a brief description of the proposed project.

Be sure to fully answer *each* question listed below. Do not skip questions.

Please provide the COVID-19 related activity in which you are requesting funds.

Have you received any other funding sources for COVID-19? If so, from whom and for what purpose?

Please describe any revenue decline you've experienced as a result of COVID-19, if applicable.

What population will be served?

(Please Note: The following two criteria require that the program collect information from persons being served that allows us to report the total number of households or persons benefited and the total number of low-moderate income households or persons benefited; the race of each household or person and the number of female-headed households benefited.)

- The activity will have income eligibility requirements which limit the activity exclusively to low and moderate income persons; or
- The activity will require information on family size and income so that it is evident that at least 51 percent of the clientele are persons whose family income does not exceed the low and moderate income limit; or
- The activity will benefit a clientele who are generally presumed to be principally low and moderate income persons. The following groups are presumed by HUD to meet this criterion: abused children, battered spouses, elderly persons, handicapped persons, homeless persons, illiterate persons and migrant farm workers; or
- The activity will be of such a nature and be in such location that it may be concluded that the activity's clientele will primarily be low-moderate income persons.

Describe how the nature and location of this activity allows the conclusion that the activity's clientele will primarily be low-moderate income person:

Describe readiness to begin project and the work to be performed, including the activities to be undertaken or the services to be provided.

Demographics:

Of the people served:

How many will be low-moderate income: _____

Of the low-moderate income population to be served,

How many will be minorities: _____

How many will be female-headed households? _____

Please explain how you determined this information:

Background

How long has your agency been in operation: _____

Type and date of incorporation: _____

The purpose of the agency and the type of services provided, the agency's capabilities, the number and characteristics of clients served, and license to operate (if appropriate) (Also include supporting documentation):

Personnel

Describe the agency's existing staff positions and qualifications (Also include supporting documentation- including the agency's personnel policy manual with affirmative action plan and grievance procedure.):

Financial

Describe the agency's fiscal management process including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. **Most current financial and audit must be submitted with application.**

Audit Requirements

In accordance with the Office of Management and Budget Circular A-133, the Federal Government requires that organizations receiving \$750,000 or more in Federal financial assistance in a fiscal year must secure an audit. Agencies that anticipate receiving a combined total of \$750,000 or more from any combination of Federal funding sources must choose one of the three following ways of meeting this requirement and state which method they choose:

If your agency already conducts audits of all its funding sources including CDBG-CV, the agency must submit a copy of its most recent audit, and may, at its discretion, include the CDBG-CV portion of the audit cost in its CDBG-CV project budget.

If your agency already conducts audits of its other funding sources but has neither received nor included CDBG-CV in the past, the scope of the audit would be modified to incorporate CDBG-CV audit requirements. The associated cost of the augmentation could then be included in the CDBG-CV project budget, accompanied by the auditor's written cost estimate.

Insurance/Bond/Worker's Compensation

Does your agency have liability insurance: _____

Amount: _____ Insuring Agency: _____

Does your agency pay all payroll taxes and worker's compensation as required by Federal and State Law: _____

Does your agency have fidelity bond coverage for principal staff who handles the agency's accounts, in what amount, and with what insuring agency: _____

Does your agency provide auto insurance for agency vehicles (if applicable): _____

Provide copies of all insurances listed above. Note: If awarded all insurances must be renewed and approved by St. Clair County.

Additional Information- The Following MUST Also Be Included With Your Application

Documentation of COVID-19 Hardship

Certificate of Good Standing with the IRS

Provide certificate of good standing. Organization is considered in good standing with St. Clair County (for example not following the stay at home order or having retaliated against a person who reported violations to the County).

Articles of Incorporation/Bylaws

Articles of incorporation are the documents recognized by the State as formally establishing a private corporation, business or agency.

Non-Profit Determination

Non-profit organizations must submit a tax-exemption determination letter from the Federal Internal Revenue Service.

List of the Board of Directors

A list of the current board of directors or other governing body of the agency must be submitted. The list must include the name, telephone number, address, occupation or affiliation of each member and must identify the principal officers of the governing body.

Authorization to Request Funds

Documentation must be submitted of the governing body's authorization to submit the funding request. Documentation of this requirement consists of a copy of the minutes of the meeting in which the governing body's resolution, motion or other official action is recorded.

Authorized Official

Documentation must be submitted of the governing body's action authorizing the representative of the agency to negotiate for and contractually bind the agency.

Documentation of this requirement consists of a signed letter from the Chairperson of the governing body providing the name, title, address and telephone number of each authorized individual.

Resume of the Chief Program Administrator

Resume of the Chief Fiscal Officer

Proposed Budget (answer the following questions and complete the budget form)

- a) Using the budget forms provided, describe the current budget of the program for which you are requesting funding. Identify commitments for ongoing funding. (See 1-A below)
- b) Specify the program line item costs such as personnel, supplies, equipment, travel, etc. Provide the intended staffing pattern, using the budget forms provided.
- c) List and indicate the dollar value for in-kind contributions for the proposed program. In-kind contributions include donated office space, equipment, volunteer time, etc.
- d) Describe other sources of funding sought and secured for the proposed program, including whether CDBG-CV funds will allow your organization to obtain matching funds for this or another program, and if so, how much.
- e) If your agency is already receiving CDBG-CV funding for this program and you are requesting an increase in funding, please explain the rationale for the increase.
- f) Describe how this program will be funded in the future.
- g) Do you expect funding cutbacks from other revenue sources? If yes, please describe the cutbacks and how the agency's services will be affected by them you serve.
- h) What impact would you anticipate on clients and your agency should funding be denied?

| EXPENSES | CDBG-CVSHARE | ORGANIZATION SHARE | TOTAL ESTIMATED COST |
|--|---------------------|---------------------------|-----------------------------|
| Personnel (not exceed 20%) | | | |
| Consumable Supplies (i.e. Bags, boxes, kits, paper, program supplies) | | | |
| Rent, Lease or Purchase of Equipment | | | |
| Travel | | | |
| Contractual and Consultant Services | | | |
| Space and Utilities | | | |
| Other (Provide detailed explanation) | | | |
| Other (Provide detailed explanation) | | | |
| Other (Provide detailed explanation) | | | |
| Total Expenses | | | |

Please attached a separate sheet to list items to be included in each “expense” category.

Applicant Certification

The submitted Application, including attachments, is subject to disclosure under Illinois's public records law subject to limited applicable exemptions. Applicant acknowledges, understands, and agrees that, except as noted below, all information in its application and attachments will be disclosed, without any notice to Applicant, if a public records request is made for such information, and the County will not be liable to Applicant for such disclosure. All Social Security/FEIN/DUNS numbers are collected, maintained and reported by the County to be in compliance with IRS reporting requirements and are exempt from public records.

I certify that, I am authorized to submit this application on behalf of the organization, the information provided in this application is true and accurate to the best of my ability, and no false or misleading statements have been made in order to secure approval of this application. St. Clair County is authorized to make all the inquiries deemed necessary to verify the accuracy of the information contained herein. Additionally, applicant agrees that in the event funds are provided pursuant to this application, the County or its agent shall be entitled to access and audit such records as may be necessary to prevent fraud in this process or ensure compliance with federal requirements. I certify that the funding will be used for business purposes only and not for household, personal, or consumer usage. I understand that I may be asked to provide additional information in order to process this application. I understand that eligibility does not guarantee aid, and that funding is limited. I understand that any willful misrepresentation on this statement could result in disqualification from program funding. Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true. I certify any funds requested/received will not be a duplication of benefits. I certify I have not received any public sources of funds to cover expenses for which I am requesting funds. I understand that any willful misrepresentation on this statement could result in a fine and/or imprisonment under provision of the United States Criminal Code U.S.C. Title 18, Section 1001.

Applicant Name

Applicant Title

Signature

Today's Date