

2020 GRANT APPLICATION OVERVIEW



ESG COVID-19 PROGRAM Second Allocation

ESG-CV2 Application Form Link: <https://www.surveymonkey.com/r/ESGCV2>

APPLICATION DEADLINE: ESG-CV2: July 8, 2020

Application Sections 1-2

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* 1. AGENCY INFORMATION

NAME

MAILING ADDRESS

TELEPHONE NUMBER

CONTACT PER

EMAIL ADDRESS * 2. PROJECT INFORMATION

DUNS #

PROGRAM TITLE

TAX ID #

PROGRAM LOCATION

PROJECT TYPE

Enter basic agency information and project information.

Project Priority

Multiple applications can be submitted for the same grant program, however please indicate the priority of importance in Project Title.

Application Sections 3-4

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3. Please let us know how soon after signing an agreement could your project start?

- Immediately (within first 30 days)
- 2-4 months
- 5-7 months
- Anticipated completion date:

* 4. REQUESTED FUNDING

Please list all costs related to the requested ESG-CV2 project.

TOTAL PROGRAM
COST

TOTAL ESG-CV
AMOUNT REQUESTED

PERCENTAGE OF
ESG-CV INVESTMENT
(ESG-CV Amount
Requested/Total
Program Cost)

Project Timeline

Select a timeline for when you can begin the project after executing an agreement.

Requested Funding

The total amount requested should match the amount listed on the Budget Section.

Application Sections 5-6

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5. ORGANIZATION INFORMATION

What is your organization's mission statement?

How long has the Organization existed in it's current form?

How long has the Organization had it's 501 (c) (3) status? If your Organization is a government entity, enter N/A.

How many years has the Organization conducted the project/program for which it is requesting funding?

6. TARGET POPULATION

Briefly describe the target population/category of persons to be served in Cobb County (i.e. seniors 62+, homeless, abused children or women, or persons with disabilities). All clients served must certify as Homeless per 24 CFR 576.2. Please select the following hyperlink for more information: 24 CFR 576.2.

Organization Information

Discuss the organization's information and capacity.

Target Population

Clearly described service population.

Application Sections 7-8

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7. PERFORMANCE OBJECTIVES & OUTCOMES

Objectives

Outcomes

Select only one objective and one outcome that best describes your project.

Performance Objectives

Select one Decent Housing objectives & Availability/Accessibility outcome.

8. PROPOSED SERVICES

Please list the proposed number of persons to be served in each applicable ESG-CV service activity. Funds awarded under the ESG-CV Program must be utilized to prevent, prepare for, and respond to the coronavirus.

EMERGENCY SHELTER
– SHELTER
OPERATIONS: Supplies,
furnishings, transportation

STREET OUTREACH -
Engagement - Urgent
physical needs,
Engagement - Equipping
staff , Case management
– Referrals, Transportation

EXPANDING STAFFING

Proposed Services

Applicants should list the number of persons to be served by the ESG activity category.

Application Section 9

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* 9. NARRATIVE

1. Please provide a description of the proposed project for funding. Include supporting data used to identify the need(s) for the proposed program (i.e. community input, surveys, and input from other agencies) in your response.

2. Describe and discuss your organization's experience with utilizing the HMIS database or other comparable reporting system.

3. Discuss your organization's current intake and recordkeeping process including measures taken to ensure the protection of sensitive

Narrative

Provide a description on your project and the supporting data used to identify how the program will be used for an unmet need. Describe the organization's experience with record-keeping using HMIS or comparable software.

Application Sections 10-13

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EMERGENCY SHELTER - SHELTER OPERATIONS ***Please enter budget request for this activity.***

Supplies - bleach,
disinfectant wipes,
scrubbers, mops,
protective equipment, bed
linens, towels, hand
sanitizer, soap, tissue
packets

Furnishings - Cots, room
dividers

11. *STREET OUTREACH*

Please enter budget request for this activity.

Engagement- Urgent
physical needs (hand
sanitizer, soap, tissue
packets, masks)

Engagement- Equipping
staff (Masks, disposable
gloves, hand sanitizer,
other personal protective
equipment)

Budget Proposal

Questions 11 through 13 - Please
complete the appropriate
question based on
your project.

Application Section 14

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* 14. BUDGET NARRATIVE

1. For each line item listed in your budget, provide a detailed description of how ESG funds will be used to support your ESG-CV program.

2. Please provide the source and amount of funding commitments, as well as, additional funding awarded in the past three years that could be utilized as leveraging for your ESG-CV program.

Budget Narrative

Provide a detailed description of your budget and prior funding commitments for the past 3 years.

Application Section 15

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* 15. PROPOSED MATCH & SOURCES

Per 24 CFR 576.201, Subrecipients must make a matching contribution of 100% for ESG funds used. Match may be cash or “in-kind”, but it must be documented during program operations, reported monthly with each request for reimbursement, and is subject to review during monitoring. Match must be used in providing the same or closely related services. Please list sources and uses of proposed match in the spaces provided below.

Agency/
Organization/Grantee/D
onor

Source (Federal, non-
Federal, In-Kind, etc.)

Amount of Match (For
100% of ESG Funds
Requested)

Agency/
Organization/Grantee/D

Match Sources

List sources of
matching
contributions.

*Dollar for dollar
match is
required.*

Attachments

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18. APPLICATION CHECKLIST

- ATTACHMENT 1: Provide a copy of a 501(c) (3) designation letter from the Internal Revenue Service if a non-profit applicant
- ATTACHMENT 2: Provide a copy of current certification from the GA Secretary of State. For assistance, please visit: www.sos.ga.gov
- ATTACHMENT 3: Provide one copy each of the last two most recent audited financial statements that meet the criteria described. Include management letters if applicable.
- ATTACHMENT 4: Provide list of board members and a copy of board meeting minutes authorizing the submittal of this application. Please also include a copy of Conflict of Interest Statement from the Board of Directors.
- ATTACHMENT 5: Provide funding commitments displayed on letterhead, resumes of principal staff and personnel directly working on the project, and include descriptions of the applicant's previous related program activities.
- ATTACHMENT 6: Provide a copy of the agency's written financial management procedures, and a current organization chart.
- ATTACHMENT 7: Provide a copy of Certificate of Insurance.
- ATTACHMENT 8: Provide proof of registration with the U.S. System for Award Management.

Attachments

Applicants must submit the required attachments for each grant application and complete the checklist.

Conflict of Interest

Conflict of Interest

Please check the appropriate boxes regarding Conflict of Interest and Acknowledgement of Responsibility.

Organizations with a relationship with Board or BOC will not be excluded from funding.

Authorized Representative

Type the name of the authorized representative.

* 31. CONFLICT OF INTEREST ACKNOWLEDGMENT

	YES	NO
Do any family relationships (by blood or marriage) exist between staff in your organization and/or Agency Board members?	<input type="checkbox"/>	<input type="checkbox"/>
Do any family relationships (by blood or marriage) exist between staff in your organization and/or Cobb County Board of Commissioners?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please explain in detail and document the staff person's involvement with these grant funds in the section below.

CDBG PROGRAM OFFICE

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**192 Anderson Street, Ste 150
Marietta, GA 30060**

**Phone:
770-528-1455**

Email: Info@cobbcountycdbg.com

**Website:
www.cobbcounty.org/cdbg**