

2020 CARES Act Funding Application

Arkansas Department of Human Services

Division of County Operations



2020 CARES ACT Funding Application

Title: COVID-19 Community Outreach Investment in Communities with High Poverty Rates and Significant Minority Populations.

Background: In response to the COVID-19 Pandemic, Governor Asa Hutchinson created the Arkansas Coronavirus Aid, Relief, and Economic Security (CARES) Act Steering Committee to make recommendations to the Governor on the “best uses of the CARES Act funding” under Section 601 of PL116-136, the “Coronavirus Relief Fund.” This funding opportunity is offered to ensure low-income communities throughout Arkansas can properly access funds available through the CARES Act to support the Arkansans most in need due to the impacts of COVID-19.

Overview: The Arkansas Department of Human Services (DHS) requests applications for funds available through the CARES Act to provide one-time funding for organizations that serve the most vulnerable Arkansans. Funds should assist the organizations in providing direct services to clients and meeting the immediate needs in the community not addressed by other sources. Organizations selected must have the ability to provide direct services to individuals within high poverty areas. To be considered a high poverty area, the poverty rate of the city or county must be greater than fifteen percent (15%) based on the 2010 Census. The following link to the Census website may be helpful to determine poverty rates based on the 2010 Census for specific areas:

<https://www.census.gov/content/census/en/search-results.html?stateGeo=none&q=poverty%20Arkansas&searchtype=web&page=1>

Eligibility: In order to be eligible for this funding opportunity, an organization must meet the following requirements:

1. A mission and vision that aligns with advancing equity and addressing the needs of high poverty areas;
2. A demonstrated history of service in high poverty communities;

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3. Leadership and staff that are representative of the population served;
4. Documented support of racial and socioeconomic populations served;
5. A history of demonstrating clear strategies for engagement with communities of high poverty;
6. Been in operation since March 1, 2019; and
7. An administrative staff that does not exceed fifteen (15) paid staff members or an annual operating budget that does not exceed \$1,500,000.

Funding: Grant proposals are capped at a maximum of \$10,000 per proposal. Organizations will be required to use at least eighty-five percent (85%) of the grant funds to provide direct services to clients. The remaining funds may be used to offset the costs of business interruption or general operating caused by COVID-19.

Application: Organizations applying for a COVID-19 Community Investment Grant must complete this application detailing the population to be served through the grant, the activities to be performed, the timeframe for the activities, the proposed budget for each activity and any additional information DHS requests of applicants in order to select grant awardees.

Applications must be submitted by March 12, 2021 at 5:00PM CST.

Note: When entering the assistance provided to the client also enter the funding you are requesting. The maximum amount per proposal is \$10,000.

Application Information

Organization Name *

Federal Tax ID Number (TIN) *

Physical Address *

Address Line 1

Address Line 2

City

Mailing Address (if different from physical address)

Address Line 1

Address Line 2

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State

ZIP Code

City

State

ZIP Code

Name of Responsible Party *

First Name

Last Name

Responsible Party Email *

Responsible Party Title *

Responsible Party Phone *

Mission and Vision Statement *

History of Service to High Poverty Communities *

Leadership and Staff that are representative of the population served *

History of demonstrating clear strategies for engagement with communities of poverty *

Has your organization been in operation since March 1, 2019? *

☐ Yes

☐ No

Does your administrative staff exceed fifteen (15) paid staff? *

☐ Yes

☐ No

Do you have annual operating budget that exceed \$1,500,000? *

☐ Yes

☐ No

Can you attest that the funds requested are necessary expenditures due to the public health emergency with respect to COVID-19 and that these funds are not used to offset other expenditures? *

☐ Yes

☐ No

Please attach a copy of a voided organizational check for grant funds deposit, should you request be approved (no personal checks will be accepted) *

[Choose File](#) [Remove File](#) No File Chosen

File uploads may not work on some mobile devices.

Please attached copy of a completed W-9 form *

[Choose File](#) [Remove File](#) No File Chosen

File uploads may not work on some mobile devices.

"By checking the box below, I hereby acknowledge that the submission of the CARES Action Funding Application has been approved by me and if necessary, the Board of Directors"

Responsible Party Name *

First Name

Last Name

Responsible Party Validation *

☐ I agree

☐ I do not agree

Add a proposal

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Note: You must complete all fields in order for your proposal to be considered.

Proposal Name *

Population to be served through the grant *

Activities to be performed *

Timeframe for the activities *

Requested funding for the activities *

\$

Counties served by this proposal *

Arkansas
Ashley
Benton

Hold down the "Ctrl" button to select multiple counties.

Would you like to add another proposal? *

☐ Yes

☐ No

Total Funding Requested

Total Funding Requested for All Proposals *

\$

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Attestation Section

By completing the fields and checkboxes below, I hereby attest:

My organization attests that these are necessary expenditures due to the public health emergency with respect to COVID-19 and that none of these funds are used to:

- duplicate or supplant funding from any other federal or state program. Payments or other reimbursement for direct client care is not included as funding from a federal or state program;
- offset loss of revenue;
- provide "retention" or retainer payments;
- pay bonuses;
- pay any increase in management fees to administrative personnel;
- reimburse donors for donated items or services, previously donated; this includes reimbursement for items purchased by the non-profit with funds specifically donated and designated for the response to COVID-19;
- pay any expense not related to the current COVID-19 public health emergency; or
- pay for general economic development or capital improvement projects that are not necessary expenditures due to the COVID-19 public health emergency;

My organization shall retain records sufficient to support each and every payment claimed herein, for so long as may be deemed necessary, but in no case less than seven (7) years;

My organization shall make such records available to the Arkansas Department of Human Services and/or any other lawful authority, upon request; and

Upon penalty of perjury, all facts contained in the foregoing application are true and correct to the best of my knowledge, information, and belief.

Organization Name *

Responsible Party Name *

First Name

Last Name

Agent Attestation *

☐ I agree

☐ I do not agree

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