**APPLICATION FORM**

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| A. GENERAL INFORMATION |
| Name of Tribe or Tribal Organizations: (*Full legal name*) |
|  |
| Applicant Mailing Address: *(Full legal address of corporation/agency)* |
| (Street) |  |
| (City) |  | NY | (Zip) |  |

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| Authorized Tribal Official (List contact) information for the Authorized Tribal Official (Chairperson/Chief/CEO) |  | Title: |  |
| E-mail Address: |  |
| Telephone: |  | Fax: |  |
| Name of Project: (if applicable) |  |
|  |
| Location (County/Region): |  |
| Total Funds Requested: $  |  |

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| Tribal CSBG Contact Person: |  | Title: |  |
| (Street) |  |
| (City) |  | NY | (Zip) |  |
| E-mail Address: |  |
| Telephone: |  | Fax: |  |

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| B: APPLICANT CERTIFICATIONS, ATTESTATIONS AND ACKNOWLDGEMENTS |
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| Applicant Federal Identification Number: |  | Applicant Charities Registration Number: |  |
| Applicant is: Tribal Group [ ]  Tribal Organization [ ]  (**Please attach supporting documentation of verifying state or federal recognition of the Tribal Organization/Tribal Group**)  |
| Applicant certifies that it currently provides services to low-income individuals: | YES [ ]  NO [ ]  |
| Applicant certifies that it will serve a population that meets the CSBG federal poverty income guidelines: | YES [ ]  NO [ ]  |
| Board of Directors List Council, or organizational chart is attached: | YES [ ]  NO [ ]  |
| Vendor Responsibility Acknowledgement: I hereby acknowledge that if awarded funding, we will comply with the Vendor Responsibility requirements of the State of New York. | YES [ ]  NO [ ]  |
| Applicant is registered on the NYS Grants Gateway: | YES [ ]  NO [ ]  |
| The Applicant waives any claim of sovereign immunity for the limited purpose of enforcingthe contract that results for a successful application. | YES [ ]  NO [ ]  |
| By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that the bidder has and has implemented a written policy addressing sexual harassment prevention in the workplace and provides annual sexual harassment prevention training to all of its employees. Such policy shall, at a minimum, meet the requirements of section two hundred one-g of the labor law.  | YES [ ]  NO [ ]  |

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| The applicant certifies that the CSBG funds will be used to provide services and activities benefitting low-income persons meeting the federal Poverty Guidelines, in accordance with the purposes, goals, and assurances of PL 105-285, local needs assessments, and the national CSBG goals and outcome measures. Applicant shall comply with the Uniform Guidance, codified at 45 C.F.R. 75 et. seq., limitations, and prohibitions placed on the use of funds by PL 105-285, and Executive Order 177.  |
| Print Name: |  | Signature: |  | Date: |  |

C. ORGANIZATION HISTORY AND EXPERIENCE

 **Provide a summary describing the following (do not exceed two additional pages, not including any attachments):**

 *Describe the Tribe or Tribal Organization’s past and/or current programming serving low-income individuals and families.*

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| (Enter text here) |

*Describe the Tribe or Tribal Organization’s accomplishments of their past and present programming in serving low-income individuals and families.*

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| (Enter text here) |

*Describe the current staffing and how the experience of the staff lends itself to the success of the organization’s past and present programming serving low-income individuals and families.*

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| (Enter text here) |

D. ORGANIZATION CAPACITY

*Describe plans to staff new programming or supplement existing programming in order to serve low-income individuals and families as defined by this RFA. Supplemental programs are subject to ineligible cost restrictions as identified in Section VIII.*

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| (Enter text here) |

*Describe how new programming or supplementation of programming targeting low-income individuals and families will align with overall organizational mission, goals, and outcomes.*

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| (Enter text here) |

E: PROPOSAL NARRATIVE

*Describe the need for the program, services and/ or activities, including the number of potentially eligible participants.*

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| (Enter text here) |

*Describe how low-income individuals and families will be determined eligible to participate in the programs, services and/or activities.*

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| (Enter text here) |

*Identify the programs, services and/or activities that will address the needs of the eligible low-income individuals and families. Proposals must describe whether the program, services and/or activities are new or expanding an existing program.*

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| (Enter text here) |

*Describe* *how the organization plans to staff the programs, services, and/or activities proposed in their application, including whether the program, services and/or activities will require hiring additional staff.*

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| (Enter text here) |

*Describe how the funds will be used to develop linkages to fill identified gaps in programs, service, and/or activities.*

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| (Enter text here) |

*Identify how programs, services, and/or activities will be measured for results and/or outcomes.*

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| (Enter text here) |

F. PROGRAM WORKPLAN

*Provide a work plan that identifies how the programs, services, and/or activities will be executed, and funds will be used over the course of the contract.*

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| (Enter text here) |

*The workplan must include approximate dates for: hiring, participant outreach, linkages that will support programming, and how the proposed programming will be evaluated.*

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| (Enter text here) |

G. BUDGET SUMMARY AND NARRATIVE

*Provide a detailed budget containing allowable, reasonable, allocable, and necessary costs.*

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| (Enter text here) |

*Identify the use of one of the following: (a)indirect cost rate, (b) 10% de minimis rate, (c) direct allocation methodology, or (d) administrative rate. Please refer to Section IX the RFA for specific requirements.*

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| (Enter text here) |

*The budget must provide a detailed description, clearly linking costs to specific proposed program, services and/or activities. The narrative must clearly justify all costs proposed in the budget as they directly relate to projects costs outlined in the RFA and must not include any ineligible costs as described in Section VIII of the RFA.*

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| (Enter text here) |

**ATTACHMENT A**

**Proof of Eligibility/ Minimum Requirements**

Include Proof of Eligibility/Minimum Requirements as described in Section III of RFA #22-CSBG-16

**ATTACHMENT B: *MWBE Compliance Form***

**NYS DEPARTMENT OF STATE**

 **MWBE COMPLIANCE FORM**

**DEPARTMENT OF STATE (DOS) - MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISES (MWBE) PROGRAM**

Article 15-A of the NYS Executive law was enacted on July 19, 1988, to promote equality of economic opportunities for MWBEs and to eliminate barriers to their participation in state contracting.

The contract’s specific MWBE goals can be identified in the RFP, RFA and/or the budget page in applicable contracts. All applicable contracts, including contracts supported with federal funding which do not have a DBE component, are assessed for MWBE goals.

**For grants, certain items are exempted from the goal calculation. These include:**

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| * Personal services (i.e. payments to staff for labor), staff benefits, training
* Travel reimbursements
 | * Utilities, postage, telephones
* Sole source contracts
* Operating transfers
 | * Certain rentals and repairs
* Unemployment insurance and tuition reimbursement
 |

Note: The portion of matching fund/local share is not included in the goal calculation.

**Your responsibilities under Article 15-A are:**

**2. Required MWBE Reporting for Contracts with Utilization Goals**

Within ten days of receipt of the award notification from DOS, submit:

1. Form A
2. Form B (for contracts > $250,000)
3. Form D or D-1.

For non-federally funded contracts, once the contract is executed, set up an account in the New York State Contract System (system) to:

* Submit MWBE utilization plan (if required)
* Report MWBE utilization
* Track and monitor transaction on the contract.

Throughout the contract term:

* Report MWBE utilization through the system OR submit Form F - Quarterly MWBE Utilization

**Waiver Request** – Form E can be submitted if there are no opportunities for MWBE participation, or to demonstrate the GFE to meet the contractual goals.

**1. To Make Good Faith Efforts (GFE)**

You will be required to make “GFE” to provide meaningful participation to MWBEs as subcontractors or suppliers in the performance of contracts.

Documentation of GFE includes, but is not limited to **(5 NYCRR §142.8)**:

* Evidence of outreach to MWBEs: mail, email, phone calls and follow up;
* Written responses by MWBEs to the grantee/vendor’s outreach;
* Copies of search(es) of the directory and advertisements for participation by MWBEs in appropriate general circulation, trade, and minority or women-oriented publications;
* Attendance at any pre-bid, pre-award, or other meetings, if any, scheduled by the grantee with MWBEs including dates and location;
* Information describing specific steps undertaken to reasonably structure the contract scope of work to maximize opportunities for MWBE participation; and
* Information describing non-MWBE subcontractors’ efforts to engage MWBEs to undertake part of the project’s work or to procure equipment/ materials/supplies.

Only the use of **New York State-certified** MWBEs will count towards meeting NYS contract goals:

* The NYS MWBE Directory is located at: <https://ny.newnycontracts.com/FrontEnd/VendorSearchPublic.asp>

**By signing, the applicant confirms that they understand the MWBE requirement, as summarized above, and agree to show due-diligence and to make good faith efforts to provide meaningful participation by MWBEs, whenever possible, if awarded the contract.**

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| Signature: |  | Date: |
| Printed Name |  | Title |

vs. 12/10/2019