**Application Form**

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| **Part A. General Information** | | | | |
| **Name of Applicant:** (*Full legal name of corporation/agency*) | | | | |
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| **Applicant Mailing Address**: *(Full legal address of corporation/agency)* | | | | |
| **(Street)** |  | | | |
| **(City)** |  | **NY** | **(Zip)** |  |

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| **Executive Director/Chief Executive Officer:** | | | | | |  | | | **Title:** |  |
| **E-mail Address:** | |  | | | | | | | | |
| **Telephone:** |  | | | | | | **Fax:** |  | | |
| **Name of Project:** (if applicable) | | | |  | | | | | | |
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| **Location** (County/Region): | | | | |  | | | | | |
| **Total Funds Requested: $** | | |  | | | | | | | |

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| **Board of Directors Chair/President:** | | | |  | | | | | | **Title:** |  |
| **(Street)** |  | | | | | | | | | | |
| **(City)** |  | | | | | **NY** | **(Zip)** | |  | | |
| **E-mail Address:** | | |  | | | | | | | | |
| **Telephone:** | |  | | | **Fax:** | | |  | | | |

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| PART B. APPLICANT CERTIFICATIONS, ATTESTATIONS AND ACKNOWLEDGEMENTS | | | | | | | | | | |
| Applicant is a 501(c)(3): YES  NO | | Year of New York State Incorporation: | | | | |  | | | |
| Applicant Federal Identification Number: |  | | | Applicant Charities Registration Number: | | | | | |  |
| Applicant New York State Vendor ID Number: | | |  | | Applicant DUNS Number: | | |  | | |
| Applicant has operated as a CBO continuously for 3 years: | | | | | | YES  NO | | | | |
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| Applicant certifies that it currently provides federally-or state-funded services to low-income individuals: | | | | | | | | | YES  NO | |
| Applicant certifies that it will serve a population that meets the poverty income guidelines specified in Section VII of the RFA: | | | | | | | | | YES  NO | |
| Articles of Incorporation and Board of Directors List 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 Prequalified on the NYS Grants Gateway: | | | | | | | | | YES  NO | |

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| **CERTIFICATION** | | | | | |
| 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, and the Coronavirus Aid, Relief, and Economic Security Act (CARES), Public Law 166-136. 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, PL 166-136 and Executive Order 177. | | | | | |
| Print Name: |  | Signature: |  | Date: |  |

**Part C. – Organization History and Experience**

**Forms:**

Complete the Board Membership List including the home address of Board Members

Current and past programs operated that serve the re-entry community

**Attachments**:

Copy of the resume of CEO and CFO

Copy of your agency organizational chart

Face Page (Attachment A)

Organization Contact Sheet (Attachment B)

This Application Form (Attachment C)

Job description(s) of lead staff (Attachment D)

Articles of Incorporation (Attachment E)

MWBE Compliance Form (Attachment F)

**Part C. – Organization History and Experience (continued)**

**Community Based Organization - Board of Directors and Officers**

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| **APPLICANT:** |  | **DATE:** |  |

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| **Officers** | | | | |
|  | *Name* |  | *Office* |  |
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| **Organization’s Designated Community per Articles of Incorporation** | |
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| **Name** | **Home Address** | **E-mail Address** |
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*(copy additional pages as necessary)*

**Part C. – Organization History and Experience (continued)**

**Current and past programs operated that address the needs of the re-entry community (do not exceed one additional page, not including any attachments):**

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| **Program name and brief description of services provided** | **Dates of operation** | **Primary funding source(s) and last annual amount(s)** | **Customer outcomes accomplished in last year of operation** |
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**Part C. – Organization History and Experience**

Demonstrate agency organizational experience and expertise in offering services to the re-entry population. Address each item below in your response:

1. Describe past and current programming serving the re-entry community, with at least three years of experience.
2. Describe the accomplishments of past and present programming in serving the re-entry community.
3. Fully describe current staffing and how the experience of the staff lends itself to the success of the organization’s past and present programming serving the re-entry community. Provide an organizational chart and the resume of Executive Director/CEO to demonstrate their expertise.

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| (Enter text here) |

**Part D. – Organization Capacity**

Demonstrate agency organizational ability to carry out this contract. Address each item below in your response:

1. Fully describe plans to staff new programming or support existing programming in order to serve COVID-19 Early Release Persons as defined by the RFA.
2. Describe the facilities where programming for COVID-19 Early Release Persons will be provided. If activities will be conducted virtually, describe how the organization will ensure access to any needed technology. Description of plans for conducting remote activities should adhere to New York IT policies regarding accessibility of information communication technology (https://its.ny.gov/sites/default/files/documents/nys-p08-005\_accessibility\_of\_information\_communication\_technology\_1.pdf.)
3. Describe how new programming or support of existing programming targeting COVID-19 Early Release Persons will align with overall organizational goals and outcomes.

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**Part E. – Proposal Narrative**

Please discuss the need for services, new or expanded programming that addresses the needs of the population served, and address each item below:

1. Describe the need for services for COVID-19 Early Release Persons in the organization’s operating area, including health impact to the community due to the ongoing COVID-19 emergency.
2. Describe the program that will address the need of the COVID-19 Early Release Persons in your operating area. Proposals should clearly describe whether the program is new or whether services will supplement an existing program.
3. Describe the plan to staff the program being proposed in this RFA, including whether the program will require any new hires. **Please attach the job description of the lead staff member(s) who will oversee this project.** (This should be attached to the application as **ATTACHMENT D.**)
4. Describe how the organization will host programming in their facilities while following safety guidelines to prevent the spread of Covid-19.
5. Identify any other agencies with whom your organization will collaborate to create new programs or expand existing services as described in the work plan. Describe the nature and extent of the collaboration with each partner and how it will impact the proposed project.
6. Provide an outreach plan that demonstrates your organization can reach a minimum of 50 Early Release Persons due to the COVID-19 public health crisis.
7. Describe how the organization plans to evaluate the successful impact of proposed programming, including metrics of success aligned with overall organizational goals.

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**Part F. – Program Work Plan**

1. Provide a work plan that includes a project timeline identifying how the program will be executed and how funds will be used over the course of the contract. Include in the work plan approximate dates for hiring, participant outreach, collaboration with other entities that will support programming, and how the proposed programming will be evaluated.

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**Part G. – Budget Summary and Narrative**

1. **Budget Summary**: Provide a detailed budget containing allowable, reasonable, allocable, and necessary costs to the program being proposed for funding. If your agency plans to apply an indirect cost rate using a pre-existing federal negotiated rate, please attach a federally approved indirect cost rate letter. If your agency plans to apply the 10% de minimis rate, you must clearly state it on the budget summary page and detail the modified total direct costs used to calculate the de minimis rate. If your agency plans to use a direct allocation methodology, you must submit a detailed cost allocation plan documenting the methodologies to be used to allocate costs to this grant. If applicable, administrative rate supporting documentation must be included as part of Section E.
2. **Budget Narrative:** Provide a detailed budget description clearly linking costs to specific proposed services and activities. The narrative must clearly justify all costs proposed in the budget as they directly relate to projects costs outlined in the RFA and should not include any ineligible costs as described in Section VIII.

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