

Community Organization Assistance Program – Grant Program Application Outline only, this will be created in the grant portal

Applicant Name: _____

Business Legal Name: _____

Federal ID Number (EIN): _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Eligibility Questions

1. Is your organization located and headquartered within St. Louis County (MN) as a “brick-and-mortar” and non-home based? Home-based (non-sole-proprietor) daycares may respond “yes” to this question. ____ Yes ____ No
2. Are you a self-employed contractor or sole proprietor? ____ Yes ____ No
3. Does your organization have at least one (1), paid employee? ____ Yes ____ No
4. How many [paid] employees do you have? ____ (must be a number 1+)
5. How many people does your organization serve? ____ (must be a number 1+)
6. Has your organization experienced an increase in expenses due to COVID-19? ____ Yes ____ No
7. Does your organization serve a priority population, per the program guidelines? ____ Yes ____ No
8. If yes, check all that apply [Check boxes]
 - i. Black, Indigenous, People of Color (BIPOC)
 - ii. Homeless or Housing Instable
 - iii. Elderly/Senior Populations
 - iv. LGBTQIA2S Communities*
 - v. Peoples with disabilities

*lesbian, gay, bisexual, transgender, queer and/or questioning, intersex and asexual and/or allies, two-spirit
9. Does your organization operate within a priority congregate setting (e.g. long term care facility, group home or shelter), per the program guidelines? ____ Yes ____ No
10. If no, describe your setting: _____ (short text)

11. Did you receive a Paycheck Protection Program (PPP) loan/grant? ____ Yes ____ No
12. Did you receive a US Small Business Administration (SBA) Economic Injury Disaster Loan (EIDL) for similar expenses? ____ Yes ____ No
13. Did you receive any other (e.g. State, City, community foundation, etc.) grant for similar expenses? ____ Yes ____ No

Listing of Eligible Expenditures:

Please provide an estimate of the total costs incurred and expected to be incurred from March 1, 2020 through December 1, 2020. Applicants will be required to provide supporting documentation for the amounts listed below during a post-award reporting period.

	Amount Requested
Payroll Expenses for COVID mitigation or response:	_____
Personal Protective Equipment (PPE):	_____
Cleaning and Related:	_____
Social Distancing Needs, including Barriers:	_____
COVID-19 Screening/Testing:	_____
Priority Setting/Population Program Expenses:	_____
Other Similar/Related Expenses:	_____
TOTAL AMOUNT REQUESTED	_____

Budget Narrative

Please briefly explain your costs above. This narrative should include, but not be limited to the priority population served, the priority setting operated within, the aim or impact of these expenses and your plan for continued operations beyond funding and/or Dec. 1, 2020. ***If “other” expenses are claimed, those expenses must be described, including the necessity of them, in detail. [Open text, 300 word limit]***

Eligibility and Privacy Disclosure

By signing this disclosure, you acknowledge that you understand the eligible and non-eligible program terms and guidelines, that you understand these requirements, and agree to abide by the terms outlined below:

1. *Consent to share information*
 - a. I have requested assistance under the St. Louis County Community Organization Assistance Program. I authorize representatives from St. Louis County to supply and receive information I provide related to this Community Organization Assistance Program. I understand and consent to the disclosure of public and non-public personal information by and between St. Louis County in connection with this Community Organization Assistance Program, including, but not limited to: data and documentation verification, review, program an assistance evaluation, monitoring and oversight.
2. *All information provided is truthful and accurate*
 - a. I certify that I am legally authorized to submit this Application document and the information and statements that I have provided are truthful and accurate. I

understand the information and documentation submitted will be provided to a governmental agency and is subject to the guidelines of the CARES Act federal program and this Community Organization Assistance Program. I agree to comply with St. Louis County guidelines. Failure to provide truthful and accurate information may cause this application to be rejected.

3. *Privacy Notice*

- a. We are asking that you provide the information on the Community Organization Assistance Program application form to determine if you are eligible to participate in the program. Your name, address and the amount of assistance you receive are considered public data under the Minnesota Data Practices Act. Other information that you provide to the Community Organization Assistance Program about you and your business is considered private data. We will use your private data only when it is required for administration and management of the program. Persons or agencies with whom this information may be shared include:
 - Staff and other persons involved in program administration.
 - Auditors who perform required audits of this program.
 - Authorized personnel from local, state and federal agencies providing oversight
 - Those persons who you authorize to see it.
 - Law enforcement personnel in the case of suspected fraud or other enforcement authorities as required.

We cannot release private data to anyone else or use the private data in any other way unless you give us permission by completing a consent form that we will provide. Please keep in mind, however, that data must be released if required by court order, and, in addition, your private data may be released if Congress or the Minnesota Legislature passes a new law that authorizes or requires such release of data.

4. *Reporting Acknowledgement*

- a. We will require a post-award report, due on December 18, 2020. If it is found that application information was falsified or funds we're not spent in a compliant manner then the organization may be liable for repayment of the grant.

Checklist of Required Documents for All Applicants:

The following checklist provides the documentation you will need to submit if you are eligible for assistance under this Community Organization Assistance Program.

- Articles of incorporation or other legal documentation with the official business address
- Listing of expenses incurred between March 1, 2020 and December 1, 2020.
- Budget narrative