

## **NEWTON COUNTY CARES ACT NON PROFIT GUIDELINES**

The Newton County Board of Commissioners was awarded relief funds from the Coronavirus Aid, Relief, and Economic Security (CARES) Act to distribute throughout the community..

A portion of these funds will be awarded to 501(c)(3) nonprofit agencies to support their needs related to the COVID-19 pandemic. The funds are intended to build organizational capacity; a different fund will support individual citizen needs.

Applicants must have a 501(c)(3) designation and demonstrate that they have been actively providing services for at least one year. Each agency must have a Board of Directors with representation from the community served, and committee structure that ensures the necessary mix of skills to succeed.

### **The following documents must be included with the application for funding:**

- 501(c)(3) Designation Letter from the Internal Revenue Service
- Current certification from the Georgia Secretary of State. For assistance, please visit <http://www.sos.ga.gov>
- Financial statements covering the most recent reporting periods of operation and the End-of Year report from the previous year
- Board member roster
- By-Laws
- Copy of Conflict of Interest Statement

### **Eligible Activities:**

2020 CARES Act funds can only be requested for COVID-19 expenses incurred during the period of March 1, 2020 and Dec. 31, 2020.

This application (pp 2-4) includes a list of eligible and ineligible expenses. All applicants should carefully review eligible expenditures **before** completing this CARES Act application.

All applications must be submitted electronically to the Newton County CARES Act Steering Committee email address [connect@nwtfamilyconnection.org](mailto:connect@nwtfamilyconnection.org) by **Oct. 15, 2020**.

The Committee will review applications on a rolling basis from Aug. 20, 2020 to Oct. 15, 2020.

# Eligible Expenditures

## Eligible Expenditures

Necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19).

### Buildings and Improvements, Including Public Facilities

- Acquisition, construction, reconstruction, or installation of public works, facilities, and site or other improvements.
  - Construct a facility for testing, diagnosis, or treatment.
  - Rehabilitate a community facility to establish an infectious disease treatment clinic.
  - Acquire and rehabilitate, or construct, a group living facility that may be used to centralize patients undergoing treatment.
- Rehabilitation of buildings and improvements (including interim assistance).
  - Rehabilitate a commercial building or closed school building to establish an infectious disease treatment clinic, i.e., by replacing the HVAC system.
  - Acquire, and quickly rehabilitate (if necessary) a motel or hotel building to expand capacity of hospitals to accommodate isolation of patients during recovery.
  - Make interim improvements to private properties to enable an individual patient to remain quarantined on a temporary basis.

### Direct Services to Clients

- Provision of New or Quantifiably Increased Public Services
  - Carry out job training to expand the pool of health care workers and technicians that are available to treat disease within a community.
  - Provide testing, diagnosis, or other services at a fixed or mobile location.
  - Increase the capacity and availability of targeted health services for infectious disease response within existing health facilities.
  - Provide equipment, supplies, and materials necessary to carry-out a public service.
  - Deliver meals to quarantined individuals or individuals that need to maintain social distancing due to medical vulnerabilities.
- Medical expenses, such as:
  - COVID-19 related expenses of public hospitals, clinics, and similar facilities.
  - Expenses of establishing temporary public medical facilities and other measures to increase COVID-19 treatment capacity, including related construction costs.
  - Costs of providing COVID-19 testing, including serological testing.
  - Emergency medical response expenses, including emergency medical transportation, related to COVID-19.
  - Expenses for establishing and operating public telemedicine capabilities for COVID-19 related treatment.
- Public Health expenses, such as:
  - Expenses for communication and enforcement by State, territorial, local, and Tribal governments of public health orders related to COVID-19.

- Expenses for acquisition and distribution of medical and protective supplies, including sanitizing products and personal protective equipment, for medical personnel, police officers, social workers, child protection services, and child welfare officers, direct service providers for older adults and individuals with disabilities in community settings, and other public health or safety workers in connection with the COVID-19 public health emergency.
  - Expenses for disinfection of public areas and other facilities, (i.e. nursing homes) in response to the COVID-19 public health emergency.
  - Expenses for technical assistance to local authorities or other entities on mitigation of COVID-19 related threats to public health and safety.
  - Expenses for public safety measures undertaken in response to COVID-19.
  - Expenses for quarantining individuals.
- Payroll expenses, such as:
    - Payroll expenses for public safety, public health, healthcare, human services, and similar employees whose services are substantially dedicated to mitigating or responding to the COVID19 public health emergency.
    - Hazard pay, including time worked prior to the date of the CARES Act Bill, for staff working directly to prevent, prepare for, and respond to coronavirus among the homeless or persons a risk of homelessness.
- Expenses of action to facilitate compliance with the COVID-19 public health emergency, such as:
    - Expenses for food delivery to residents (including senior citizens and other vulnerable populations) to enable compliance with COVID-19 public health precautions.
    - Expenses to facilitate distance learning, including technological improvements, in connection with school closings to enable compliance with COVID-19 precautions.
    - Expenses to improve telework capabilities for public employees to enable compliance with COVID-19 public health precautions.
    - Expenses of providing paid sick and paid family and medical leave to public employees to enable compliance with COVID-19 public health precautions.
    - Expenses to care for homeless populations provided to mitigate COVID-19 effects and enable compliance with COVID-19 public health precautions.
- Emergency Shelter Services
    - Shelter Operations
    - Hotel/Motel Vouchers
    - Case Management
    - Childcare
    - Education services
    - Employment assistance and job training
    - Legal services
    - Mental health services
    - Life skills training
    - Outpatient health services
    - Substance abuse treatment services
    - Transportation
    - Operations

- Provision of temporary shelters (through leasing of existing property, temporary structures, or other means) to prevent, prepare for, and respond to the coronavirus.
- Homelessness Prevention/Rapid Re-Housing Services
  - Financial Services
    - Moving costs
    - Rental application fees
    - Security deposit
    - Last month's rent
    - Utility deposit
    - Utility payments
  - Housing Relocation and Stabilization Services
    - Housing Search & Placement
    - Housing Stability Case Management
  - Housing Relocation and Stabilization Services (continued)
    - Mediation
    - Legal Services
    - Credit Repair
  - Rental Assistance
    - Short-term (up to 3 months)
    - Medium-term (up to 24 months)
    - Rental arrears (one-time payment for up to 6 months of arrears)
- Street Outreach
  - Engagement
  - Case Management
  - Emergency Health Services
  - Emergency Mental Health Services
  - Transportation
  - Services for Special Populations

### **Ineligible Expenditures**

- Revenue shortfalls
- Damages covered by insurance
- Payroll or benefits expenses for employees whose work duties are not substantially dedicated to mitigating or responding to the COVID-19 public health emergency
- Expenses that have been or will be reimbursed under any federal program
- Reimbursement to donors for donated items or services
- Workforce bonuses other than hazard pay or overtime
- Severance Pay

# NEWTON COUNTY CARES ACT

## ORGANIZATION APPLICATION

### ORGANIZATION INFORMATION:

Legal Name of Applicant:

Mailing Address:

Telephone Number:

Date of 501(c)(3) Certification:

(if applicable) DUNS #:

Federal Tax Identification #:

### CONTACT INFORMATION:

#### CEO/Executive Director/President

Name:

Title:

Telephone Number:

E-mail Address:

#### Project Manager/Point of Contact

Name:

Title:

Telephone Number:

E-mail Address:

#### Board President/Chairperson

Name:

Title:

Telephone Number:

E-mail Address:

**PROJECT DETAILS:**

Project Name:

CARES Act Funds Requested: \$

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**Coronavirus Relief Funds Eligible Activities**

- Public Facility Enhancements
- Transportation Needs
- Shelter and Housing Needs
  - Rapid Re-Housing
  - Homelessness Prevention
- Childcare
- Emergency Food Assistance
- Educational Support
- Emotional and Spiritual Care
- Health and Wellness
- Healthcare
- Organization Administration
  - PPE and Cleaning Supplies
  - Staffing/Capacity
  - Technology Enhancements

**Project Description:**

Provide a comprehensive narrative about your project. Your narrative should include the need to be addressed, your approach to addressing the need, the population you will serve, and your timeline to complete the project. Be sure to highlight tangible partnerships/leveraging resources. (500 words max).

**Project Implementation Schedule:**

New projects may extend beyond December 31, 2020, but CARES Act funding is currently scheduled to end by December 31, 2020.

Will the proposed activity be completed on or before December 31, 2020?  Yes  No

If NO, please provide the date of completion.

Detail how you anticipate utilizing funds for your project. Include expenditure timeline that includes the percentage of funds to be expended by December 31, 2020. (250 words max).

What is the total budget for this project, and how much funding does the Applicant already have in place for this project? If this project is not awarded funding, does the Applicant have the financial means to support the proposed services? (250 words max)

**REPORTING**

Describe the applicant’s experience in reporting, monitoring, or record-keeping. Include software used to manage reports. Include experience reporting on federal grants, state, local grants as well as grants from corporations or foundations. Include your organization’s reporting system.(100 words max)

**BENEFICIARY DETAILS:**

How many beneficiaries will the proposed project serve?

Will your project serve Newton County residents (do not include homeless)?

Yes       No

Will your project serve any of the identified groups listed below exclusively?

Yes       No

	Proposed persons served
Abused/Neglected Children	<input type="text"/>
Abused Spouses	<input type="text"/>
Adults with Severe Disabilities	<input type="text"/>
Senior (60+)	<input type="text"/>
Homeless Persons	<input type="text"/>
Illiterate Adults	<input type="text"/>
Low-Income Persons	<input type="text"/>
Children Birth-5 years	<input type="text"/>
Children 6-18 years	<input type="text"/>

**Area Benefit**

Describe the geographic location where services will be provided.

**OPERATING & EQUIPMENT PROPOSED BUDGET:**

**PROPOSED OPERATING & EQUIPMENT BUDGET SUMMARY**

Identify project staff costs (i.e., existing staff, new hires, volunteers, etc.).

Staff and overhead expenses must be directly related to COVID-19.

Funding Categories	CARES Act Request	Agency Contribution	Total Project Cost
<b>Salaries and Operating Costs:</b> Provide a detailed description of the salaries and operating costs.			
Salary and Wages (Case Management)	\$ _____	\$ _____	\$ _____
Payroll Taxes (FICA)	\$ _____	\$ _____	\$ _____
Advertisement/Marketing	\$ _____	\$ _____	\$ _____
Copying/Printing	\$ _____	\$ _____	\$ _____
Office Supplies	\$ _____	\$ _____	\$ _____
PPE & Cleaning Supplies/Services	\$ _____	\$ _____	\$ _____
Telecommunications (Phone, Internet)	\$ _____	\$ _____	\$ _____
Technology	\$ _____	\$ _____	\$ _____
Travel (Mileage)	\$ _____	\$ _____	\$ _____
Software	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____
Direct Client Benefit: Utility Costs, Childcare, Counseling, Healthcare etc.	\$ _____	\$ _____	\$ _____
<b>Equipment:</b> Provide a detailed description of the equipment that includes quantity and unit price.			
Equipment Type: _____	\$ _____	\$ _____	\$ _____
Equipment Type: _____	\$ _____	\$ _____	\$ _____
<b>Total:</b>	\$ _____	\$ _____	\$ _____



**COVID-19 RELATED FACILITY IMPROVEMENTS:**

**PROPOSED PUBLIC FACILITY BUDGET SUMMARY**

Identify project costs (i.e., design, construction, rehabilitation, etc.). Project design and outcome must be directly related to COVID-19.

Funding Categories	CARES Act Request	Agency Contribution	Total Project Cost
<b>Construction:</b>			
Design Services (Architect/Engineer)	\$ _____	\$ _____	\$ _____
Advertisement	\$ _____	\$ _____	\$ _____
Appraisal/Inspection	\$ _____	\$ _____	\$ _____
Site Preparation Costs	\$ _____	\$ _____	\$ _____
Labor Costs	\$ _____	\$ _____	\$ _____
Material Costs	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____
<b>Miscellaneous:</b>			
Storage: _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____
<b>Total:</b>	\$ _____	\$ _____	\$ _____

**AGENCY REVENUE USED FOR THIS PROJECT ONLY:**

**AGENCY REVENUE**

Identify existing revenue sources used for this project. Please include other grants, donations, and volunteer service.

Source	Status	Total Project Cost	Amount
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
<b>Total:</b>		\$ _____	\$ _____

**SIGNATURE PAGE**

*This page must be submitted with the request.*

Letter from Authorized Certifying Official is attached

**OR**, the following is executed:

Resolution Authorizing Submission of application

**Name of Applicant:** \_\_\_\_\_

Be it resolved that the Board of Directors of the above-referenced Applicant resolved at its meeting date referenced below, to authorize the Applicant to submit an application for Newton County CARES ACT grant funding. The individual referenced below is authorized to execute any documents necessary for application submission and funding.

Meeting Date: \_\_\_\_\_

Amount Requested: \$\_\_\_\_\_

**I hereby certify that the foregoing resolution was approved by our Board of Directors.**

\_\_\_\_\_  
*Certifying Official (Signature, Name & Title)* *Date*

***I certify that I have completed the application for Newton County CARES Act funding. All information contained in this submission has been completed as thoroughly and as accurately as possible, and a governing body resolution or letter from an authorized certifying official approving this submission has been attached. Through this submission, I have defined other funding sources received confirming that if selected for an award, these CARES Act funds will not supplant or duplicate current sources.***

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature*

Prepared by: \_\_\_\_\_  
*Printed Name & Title*

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature*

Approved by: \_\_\_\_\_  
*Printed Name & Title*