

## APPLICANT INFORMATION

Agency Name: \_\_\_\_\_

Main Office Street Address, Line 1: \_\_\_\_\_

Street Address, Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

Are you a 501(c)(3)? \_\_\_\_\_

Are you in good standing with the State? \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

*\*Individual to be the primary recipient of all grant correspondence.*

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## APPLICANT'S PROJECT

Title of Applicant's Project: \_\_\_\_\_

Description of Applicant's Project: *Project/Program Summary: (<1000 words; Please include details about WHAT the project/program will do, WHO specifically the project/program will service, WHY the project/program is needed, and HOW project/program fulfills the objectives of the SEED Grant Fund, as outlined in the Rockford REGROW application)*



Proposed Project Term:

Start Date \_\_\_\_\_

End Date \_\_\_\_\_

Grant Request Amount: \_\_\_\_\_

Only applications submitted through the online portal will be accepted for review.

Please provide target areas and/or neighborhood or community area names, if applicable. If you are targeting specific neighborhoods or communities, please explain why that is the case, i.e., the area is identified in the jurisdiction's revitalization planning process or comprehensive plan, it aligns with other local efforts, etc.:

Program Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Is the Program Address located in the "Disproportionate Impacted Area"? \_\_\_\_\_ YES \_\_\_\_\_ NO

Map located here: <https://dceo.illinois.gov/cannabisequity/disproportionateimpactedareamap.html>

#### **Readiness to Proceed**

To demonstrate your reasonable work plan and timeline, please complete the following chart, detailing the necessary steps that you have already undertaken or plan to undertake with this grant. Estimate to the best of your ability and provide as much information as possible (and as applicable) to illustrate that this grant would be expended in a timely manner, thereby maximizing the immediate impact.

NECESSARY STEPS <sup>1</sup>	DATE RANGE TO PERFORM STEPS	EXPECTED DOLLARS TO EXPENDED	ANTICIPATED OUTCOMES	ADDITIONAL INFORMATION

<sup>1</sup>Necessary steps include, for example, posting bids, selecting 3<sup>rd</sup> party contractors, performing eligible activities, submitting proof of payment to the City of Rockford. *If you need to report more steps, duplicate this page.*

## CAPACITY

### Financial Capacity

*This section will allow the City of Rockford to assess an applicant's ability to manage this grant. Applicants must provide a copy of their most recent independent financial audit. If your organization does not have an independent financial audit, please provide your most recent YTD budget vs. actual report.*

*NOTE: Include any Management Response and/or Corrective Action Plan.*

Date the most recent audit was performed: \_\_\_\_\_ Dates which audit covered (fiscal year): \_\_\_\_\_

Findings? Yes/No

Summarize any audit findings, including page numbers of findings and solutions. Please provide an explanation if the audit is more than two years old. If there are no findings, indicate "N/A".

### Staff Capacity

List the staff member(s), both in-house and third-party staff, who will be responsible for administrating this grant, and detail their experience with similar grants, programs, and initiatives.

NAME	TITLE	EXPERIENCE ADMINISTERING GRANTS?	EXPERIENCE WITH HOUSING-RELATED PROGRAMS/INITIATIVES?	DETAILS (PLEASE LIST GRANTS/PROGRAMS/INITIATIVES)

Collaborator(s): (Please list all entities involved in this proposed project/program/event. **All entities listed must submit a letter of support identifying the nature of the collaboration.**)

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Complete the chart below by detailing any programs or initiatives managed by the organization applying for this grant in the past 4 years, including any grants/programs your organization is currently undergoing. Be certain to include all grants and programs that you have participated in through the City of Rockford (include department).

GRANT/PROGRAM/INITIATIVE NAME	SOURCE OF FUNDING	DATES OF GRANT/PROGRAM/INITIATIVE	AMOUNT AWARDED	AMOUNT EXPENDED	QUANTIFIED OUTCOMES <sup>1</sup>

<sup>1</sup>Please describe any measurable results, e.g., number of clients served, number of funded staff, etc.

How does your organization manage compliance for grant funds?

Do you have any compliance findings or concerns regarding the grants/programs/initiatives referenced above?

Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes to the above question, please complete the chart below detailing any compliance findings or concerns regarding the grants/programs/initiatives referenced above.*

GRANT/PROGRAM/INITIATIVE NAME	COMPLIANCE FINDING OR CONCERN	SOLUTION (IMPLEMENTED OR PROPOSED)

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Please detail what laws and/or regulations your organization has experience managing compliance for grant funds. A non-exhaustive list is below: Such as...

*Historical Preservation*

*Lead-based Paint Laws*

*Prevailing Wage/Davis Bacon*

*Emergency Solutions Grant*

*Continuum of Care*

*VAWA*

*Section 3*

*CESSA*

*Uniform Guidance on Federal Cost Principles*

Please provide any additional information regarding your organization's capacity to manage a City of Rockford grant that you did not already discuss in the previous questions.

## SOFTWARE

What accounting system does your organization utilize? \_\_\_\_\_

Does your accounting system allow for delineation of funds for grant management? YES \_\_\_\_\_ NO \_\_\_\_\_

Does your organization have experience in working with the programs and/or software that is required to manage the grant?

## BUDGET AND COST REASONABILITY

*This section will review your organization's financial needs and budgetary parameters. Please make sure to fill in all the boxes or put in "N/A" if the question does not apply to your organization.*

Please provide an estimated budget for the activities for which you plan to use the funding, if awarded. Your grant request amount should equal your total budget amount.

Describe your process(es) for procuring third-party vendors for work under this grant, if applicable.

Describe the specific steps that you will take to ensure that all costs under this grant are reasonable (& necessary).

## APPLICANT CERTIFICATION

Every grantee under the Program will be required to comply with these certifications and requirements as well as any additional certifications or requirements covered in the grant documents or requested by the City of Rockford.

1. Applicant certifies that all statements herein are true, accurate and complete;
2. Applicant will not permit any discrimination on the basis of gender, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional or learning disability in connection with its participation in the Program;
3. Applicant will ensure expenditures of grant funds are for Eligible Uses under the Program;
4. Applicant will maintain records in connection with administration of the Program in accordance with the retention period designated by the Subrecipient Agreement;
5. Applicant will comply with the terms and conditions of the Program;
6. Applicant will comply with monitoring and evaluation of the Program through the full Commitment period;
7. Applicant will comply with all Illinois prevailing wage or Davis Bacon requirements, if applicable;
8. Applicant will comply with all federal/state/local laws and regulations.
9. Applicant agrees and acknowledges that it is its responsibility to determine which laws and regulations apply;
10. Applicant certifies that all procurement/vendor contracts comply and will continue to comply with all applicable laws and regulations, including applicable municipal procurement policies and procedures;
11. Applicant certifies that they have legal authority and rights to complete the activities which are proposed herein;
12. Neither the applicant, nor its affiliates or related entities are delinquent in the payment of any debt to the State of Illinois (or if delinquent, has entered into a deferred payment plan to pay the debt)

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On behalf of \_\_\_\_\_, I certify that the information contained herein accurately reflects my organization's commitment and ability to participate fully in the City of Rockford's Grant Program.

**Authorized Signatory:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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Signature of Authorized Signatory

Date

**Please Note: The individual who signs this certification should be the same individual who is authorized to sign a Grant Agreement, if awarded.**