



APPLICATION FOR CENTRALIA COMMUNITY CARES ACT PROPOSAL General Guidelines

The City of Centralia is accepting proposals from local non-profit organizations for services which are in direct response to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19). Following the proposal deadline, the Centralia City Council will make all decisions regarding award of proposals for the use of CARES Act funds. Please read carefully and include all requested information, if applicable. Feel free to use extra pages for additional information. If handwritten, it must be legible.

**Applications must be received at the Centralia City Clerk's Office
by 4:30 PM on Monday, July 20, 2020**
(118 W. Maple St., P. O. Box 609, Centralia, WA 98531)

- Proposals are to be for activities which are in direct response to the public health emergency from the Coronavirus Disease 2019.
- City of Centralia considers proposals only from non-profit organizations.
- The City Council will only consider proposals of \$50,000 or more.
- Proposals must comply with Federal, State of Washington, and City of Centralia laws and requirements. NOTE: The City of Centralia may not use public funds in any way that can be construed as a gift to an individual or organization.
- Documents submitted to the City of Centralia are public records and eligible for release to the public.
- City staff will verify incorporation status of the non-profit agencies that submit service proposals by checking the Washington Secretary of State's on-line corporation records.
- Indirect costs, if any are included in the proposal, will be limited to the federal de minimis indirect cost rate of 10% of modified total costs (MTDC).
- To be considered, one fully completed and signed original application **PLUS SEVEN (7) complete copies with supporting documents** must be received by the Centralia City Clerk at Centralia City Hall, 118 W. Maple Street **by 4:30 p.m. on Monday, July 20, 2020.**

NOTE: Incomplete or late proposals will not be considered.



Application for City of Centralia CARES Community Proposal

Section 1: Organization Information

Organization/Agency _____ Federal Tax ID # _____

Contact Name _____ Title _____

Mailing Address _____

Work Phone _____ Cell Phone _____ Email Address _____

AMOUNT REQUESTED \$ _____

CERTIFICATION

I hereby state on behalf of _____ that
Organization/Agency name

Centralia CARES Community Proposal:

- This is an application for a contract with the City of Centralia and, if awarded, my organization or agency intends to enter into a Municipal Services Contract with the City of Centralia.
- The organization/agency has, or can obtain, general liability insurance in an amount commensurate with the exposure of the activity.
- The organization/agency understands the funds if awarded are federal funds and the funds will be subject to the federal audit requirements in the OMB Super Circular 2 CRF 200.501. Additionally, the organization declares they are not debarred from receiving federal funds.

Does the organization have experience working with federal grant funds? If so, please explain in the additional information section (5) on page 6.

Signature

Printed Name

Date

Section 2: Proposal Information (use as much room as needed)

Please provide detailed description of the proposal. Be sure to clearly identify how the proposal will directly respond to the public health emergency by facilitating compliance with COVID-19 public health measures or provide economic support in connection with the COVID-19 public health emergency.

Section 3: Reporting Requirements

1. Total amount anticipated to be spent: \$
2. Detailed invoicing as required by the Municipal Services Contract Agreement with the City.
3. Provide to the city any required audit information needed to comply with federal audit requirements.
4. Report to the City Council the outcomes of the proposal efforts on the community.

Section 4: Budget

Please list approximate amount and status of funding for all sources from which you anticipate receiving funding, or are requesting funding, for the activity or event(s) proposed. If any indirect or administrative costs are included in the proposal, please specify separately and ensure they are no greater than the allowed de minimis indirect cost allowed. Add extra lines if necessary.

INCOME

AMOUNT	SOURCE	CONFIRMED (Yes or No)
Total		

EXPENSES

ACTIVITY	CENTRALIA CARES FUNDING	OTHER FUNDS (should match above)	TOTAL
TOTAL Expenses			

Section 5: Additional Information

Please provide any additional information/items that will assist the City Council in evaluating this request and its benefit to Centralia residents and businesses in response to the COVID-19 public health emergency.

Section 6: CERTIFICATION

The applicant hereby certifies and affirms that, during the performance of any event/activity/project arising from this application, he/she will provide equal opportunity and access regardless of race, religion, creed, color, national origin, age, sex, sexual orientation, disabled veteran status, veteran status, physical, mental or sensory disability and further certifies and affirms that he/she will abide by all applicable Federal, State of Washington and City of Centralia laws and regulations.

The applicant is also aware of the reporting requirements to the City (See Section 3) after the event/activity/project has occurred.

Signature: _____

Print or Type Name:

Title:

Date:

The City of Centralia reserves the right to appropriate some or all of the CARES ACT Allocation or reserve it for City projects that fall within the allowable uses of the funds.