

**City of San Marcos
Coronavirus Relief - General Fund Grant
2021 Application**



City of San Marcos
Planning and Development Services Department
630 East Hopkins
San Marcos TX 78666
For more information: Carol Griffith 512.393.8147 cgriffith@sanmarcostx.gov

APPLICANT INSTRUCTIONS

Persons with limited English proficiency may request assistance by contacting the City at 512-393-8250. (Las personas con habilidad limitada de Inglés puede solicitar la asistencia poniéndose en contacto con la Ciudad en 512-393-8250.)

Thank you for your interest in the City of San Marcos' one-time grant program that was developed by City Council when the City received Coronavirus Relief Funds. The City Council has made \$640,000 available for programs that serve San Marcos residents. The purpose of the grant funding is to provide for the creation or expansion of programs that assist people who have been negatively impacted by the COVID-19 pandemic or related economic shutdowns.

The City of San Marcos does not discriminate on the basis of disability in the admission or access to its services, programs, or activities. Individuals who require auxiliary aids and services should contact the City of San Marcos ADA Coordinator at 512-393-8000 (voice) or call Texas Relay Service (TRS) by dialing 7-1-1. Requests can also be sent by e-mail to ADArequest@sanmarcostx.gov.

APPLICATION INFORMATION

Application Period: May 9, 2021 through June 6, 2021 at midnight.

APPLICATION SUBMISSION DEADLINE IS JUNE 6, 2021 AT MIDNIGHT

Submit one signed application electronically to: cdbg@sanmarcostx.gov

Please call to verify your application has been received:

Carol Griffith, Housing and Community Development Manager 512-393-8147

APPLICATIONS ARE PUBLIC RECORDS

Once an application is submitted to the City, it becomes a public record and as such is open for public review. All or part of the application may be posted on the City's webpage and included in City Council packet materials. Please keep this in mind when submitting personal information for your staff, board, or clients.

APPLICATION REVIEW AND EVALUATION

All applications for funding will be reviewed and evaluated by a committee made of members of the Human Services Advisory Board. The committee will make a funding recommendation that will be considered by the City Council. City Council will make the final decision on funding awards, including Recipients and amounts.

Please use the Evaluation and Risk Assessment Criteria on Pages 16 and 17 of this packet to inform your answers to the questions in the Application Form, which is pages 6-15.

FUNDING AWARDS

Submitting a complete application does not guarantee that your request will be funded. Grants will fund only the actual, allowable, and reasonable costs of a proposed program, and requests for funding generally exceed the amount of funding available. Program expenses that occurred prior to award of funding may be considered due to the emergency nature of the pandemic.

In order to be eligible, organizations must complete this application form (preferably typed) and submit it with all required supporting documentation, to cdbg@sanmarcostx.gov.

PROGRAM SPECIFICATIONS

- Organizations may propose more than one program or program in separate applications.
- This funding must serve San Marcos residents only.
- Funding IS ALLOWED to serve people who are not United States citizens.
- Programs should be need based.
- The need served must be related to the pandemic or to the effects of the pandemic economic shutdowns.
- Programs must have public benefit (that is, the funding cannot be solely for internal operations).

ELIGIBLE EXPENSES

Eligible expenses include but are not limited to labor, supplies, and materials as well as operation and maintenance of the portion of a facility in which the public service is located. This includes the lease of a facility, equipment, and other property needed for the public service and costs incurred for telephone services, postage, and computer use or access. Time sheets will be required to document salary costs. Travel and training expenses may be authorized by the City on a case-by-case basis.

INELIGIBLE EXPENSES

Grant funds may not be used to pay for food or meals for staff, fund raising, entertainment, alcoholic beverages, deposits on equipment, incentives to clients (such as gift cards or raffle prizes), or late fees or penalties. Costs of organized fund raising are not allowable. The purchase of equipment, fixtures, motor vehicles, furnishings, or other personal property that is not an integral, structural fixture is generally ineligible.

INCOME LIMITS

Income limits for programs may be set by City Council at the time funding allocations are made. The City desires to provide programs that benefit individuals and families in low to moderate income ranges who have been adversely affected by the COVID-19 pandemic. By way of example, a program that serves individuals or families who make 120% of the San Marcos Median Household Income would have the following income restrictions:

SAN MARCOS MEDIAN HOUSEHOLD INCOME = \$40,370

\$48,444=(median family income*1.20)

Percent MHI	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
120%	\$33,929	\$38,768	\$43,606	\$48,444	\$52,321	\$56,198	\$60,074	\$63,951

PROGRAM IMPLEMENTATION SCHEDULE AND PERFORMANCE MEASUREMENT GOALS

Performance measurement is an effective management technique that enables those who receive grant funds (Recipients) and the City to analyze the benefits of their investments. It is a mechanism that tracks the progression of programs and evaluates their overall effectiveness and success in meeting program goals. One of the most important overall goals in planning a grant-funded program is the completion of the program in a timely manner.

Please use the format included in this application to outline the expected Implementation Schedule for your program.

This document will be incorporated into the Recipient Agreement for funded programs. The City will monitor the performance of Recipients against the goals and performance standards established by this document. Substandard performance as determined by the City will constitute noncompliance with the Recipient Agreement. If action to correct such substandard performance is not taken by the Recipient with a reasonable period of time after notification by the City, contract suspension or termination processes may be initiated.

ORGANIZATION ELIGIBILITY REQUIREMENTS

- Organizations applying for grant funding must be a public or private non-profit agency, a public housing authority, a City of San Marcos department, or other government entity.
- Organization must demonstrate a track record of producing results OR provide up to three letters of recommendation for their ability to administer the proposed program.
- Non-profit agencies must be established, operating agencies as evidenced through documentation required in the application. Exhibits to show tax exempt status are required.
- Organizations that currently receive Community Development Block Grant or Human Services Advisory Board funding ARE ELIGIBLE to apply.

CHECKLIST
CORONAVIRUS RELIEF - GENERAL FUND GRANT
2021 APPLICATION

Submit one copy of the following items:

Required:

- ☐ Pages 6-15 below, with signature on p. 15
- ☐ Board of Directors list including position/title on board.
- ☐ Contact numbers for Board Chair or President and Treasurer.
- ☐ Resolution or Board Minutes showing approval to submit an application and designation of person who will sign documents on behalf of the organization.
- ☐ Organization Chart
- ☐ Articles of Incorporation
- ☐ Bylaws
- ☐ Tax Exempt Determination Letter (for non-profit organizations)
- ☐ Organization's Current Budget (2019-2020) and Proposed Budget for next fiscal year
- ☐ Description of employees, board members, volunteers who will work with the program
- ☐ Non-discrimination Policy Statement
- ☐ Conflict of Interest Standards of Conduct

If applicable:

- ☐ Most Recent audit or CPA prepared review.
- ☐ Fee schedule or structure for the program proposed for funding
- ☐ Copy of program application if one is used to select beneficiaries
- ☐ Analysis of program or service expansion if this is not a new service.
- ☐ Description of how beneficiaries will be selected (if not by application form)
- ☐ Description of how applicant income will be determined if there are direct beneficiaries
- ☐ Detailed explanation of any lawsuits, judgments, or bankruptcy proceedings
- ☐ Job description for new positions expected to be filled using funding

**CITY OF SAN MARCOS
CORONAVIRUS RELIEF - GENERAL FUND GRANT
2021 APPLICATION**



Due Date: June 6, 2021 at midnight

I. APPLICANT CONTACT INFORMATION

Applicant Organization: _____

Contact Name: _____ Telephone: _____

Mailing Address: _____

Physical Address, if different from mailing address: _____

Contact E-Mail Address: _____ Web Address: _____

Who is authorized to execute program documents? _____

II. APPLICATION SUMMARY INFORMATION

Program Name: _____

Amount of Funds Requested: _____

Program Location: _____

By approximately what date will funds be expended? _____

III. ORGANIZATION DESCRIPTION

1. What is your organization's mission?
2. How many volunteers does your agency/organization have and how many hours will they spend on the program requesting funding?
3. How many direct clients did your organization serve in the last full program year?
4. Provide information regarding your Board of Directors, including how they are selected and how often they meet. Please also include attendance figures.
5. Please list all funding received from the City for the current program year, by source and amount.

IV. PROGRAM DESCRIPTION

1. Provide a brief description of the proposed program.
2. In what ways does this program serve people who have been negatively impacted by the COVID-19 pandemic or related economic shutdowns?
3. Is this a new program or the expansion of an existing one?
4. Is there a fee to clients to participate in the program? If yes, please provide fee structure.
5. Describe the proposed days and hours of operation of the program.
6. What are the goals of the program for which you are requesting funding?
7. How will you know you met these goals?
8. If requesting funding for salary, describe the activities of this position? (Please breakdown each funded position and hours worked per week.)

9. Discuss how you will measure program success.
10. What additional funding is your agency requesting for this program? Please provide Funding Source, Amount Requested, Amount Granted, and whether funding is Pending.

V. PROGRAM BENEFICIARIES

1. How many persons are proposed to be assisted if funding is received? _____
2. What percentage of persons proposed to be assisted are expected to have low to moderate incomes? _____
3. Will this program have income limitations? _____ If so, how do you propose to document the income of the beneficiaries? (check all that apply)
 - _____ Evidence that the child is approved for free or reduced lunch
 - _____ Evidence that the family lives in housing sponsored by the Housing Authority
 - _____ Evidence that the family is WIC approved
 - _____ Income documentation using one of the 3 HUD approved methods
 - _____ Self-certification, with income verification required of 20% of certifications
 - _____ Other, describe: _____

VI. LINE ITEM BUDGET

Please use the following format to present your proposed line item budget. Secured funds are funds on-hand, pledged, or awarded. Supporting documentation may be attached as an Appendix. Programs will be considered for which funds have already been spent.

Expense Category	Total Program Budget	CDBG Portion	Other Funding Source	Other Funds Amount
Personnel Services				
Salaries				
Fringe Benefits				
Supplies				
Office Supplies				
Program Supplies				
Client Materials				
Operating				
Training				
Insurance				
Utilities/Rent/Mortgage				
Other (please specify)				
Total				

Please provide an explanation for any unusual budget expenditures listed in the line item budget above.

VII. PROGRAM IMPLEMENTATION SCHEDULE WITH PERFORMANCE GOALS

Program Start Date:

Program Completion Date:

Activity Description	Start Month/Year	End Month/Year	Performance Measurement Goal
<i>Example: Hiring New Staff Member</i>	<i>October 2019</i>	<i>December 2019</i>	<i>Employment process complete</i>

VIII. ORGANIZATION INFORMATION

REQUIRED ATTACHMENTS

- ____ Organizational Chart
- ____ Articles of Incorporation
- ____ Proof of Tax Exempt status
- ____ Board Minutes and Resolution authorizing application submittal and specifying who will sign documents. *(The organization's governing board must approve the submittal of this funding application and designate a person who is authorized to execute program documents.)*
- ____ A listing of key staff and employees who will work directly with the proposed program, their primary job duties, and other pertinent information relating to your proposed program.
- ____ If these funds will be used to hire new personnel, please provide a brief job description of the proposed positions.

BACKGROUND INFORMATION

1. Organization Type:
____ 501(c) Non-Profit Corporation ____ Public Corporation ____ Government Entity
Other: _____
2. Name and title of Board of Directors chair or president: _____
3. How many years has your organization been in business? _____
4. Organization's Taxpayer Identification Number (EIN): _____

FINANCIAL INFORMATION

1. What is the date of your fiscal year end? _____
2. Does your organization have a purchasing policy? _____ Yes _____ No
3. Has your organization currently or within the past five years had any litigation that is pending or has been resolved?
_____ Yes _____ No
If "Yes", please attach a summary of the litigation and its status; including any outstanding judgments.
4. Has your organization filed a petition for bankruptcy or has a petition for bankruptcy been filed against your organization?
_____ Yes _____ No
If "Yes", please attach an explanation that includes the current status.
5. During the last fiscal year did your organization spend \$750,000 or more in Federal financial assistance?
_____ Yes _____ No
6. What level of financial review does your organization obtain from an independent source? Select from the following options:
_____ Single Audit _____ Audited Financial Statement
_____ Reviewed Financial Statement _____ Compiled Financial Statement
_____ No independent review _____ Other (describe): _____
7. What period was covered by your most recent financial review? _____
8. Has your organization received City of San Marcos funding in the past two years? _____ Yes _____ No
If yes, please attach a short summary of the purpose and amount of City funding.

PERSONNEL AND POLICIES

1. Name and Title of your chief administrator _____
Number of years in this position? _____
2. Total number of current employees at all locations _____
3. Total number of current employees who will be involved in this program _____
4. Total number of new employees expected to be hired for the program _____
5. Does your organization have a personnel policy manual? ____ Yes ____ No
Does it include a procedure for filing grievances? ____ Yes ____ No
Does it include a non-discrimination clause? ____ Yes ____ No
6. Does your organization maintain a written code or standards of conduct that governs the performance of its officers, employees or agents engaged in the award and administration of contracts supported by Federal funds?
____ Yes ____ No
7. Separation of duties for financial transactions regarding this program (respond with job title):
 - a. Who will approve payment of incurred expenses? _____
 - b. Who will actually prepare the payment check? _____
 - c. Who will sign checks paying program expenses? _____
 - d. Who posts the transaction to your financial records? _____
 - e. Who reconciles monthly bank statements? _____

ACCESSIBILITY OF PROGRAMS AND SERVICES

1. Are all facilities to be served by the program ADA Accessible? ____ Yes ____ No
2. Do you have a Section 504 (ADA) Self-Evaluation on file? ____ Yes ____ No
3. How will you provide services to persons with Limited English proficiency? _____

INSURANCE, BONDING, AND WORKER'S COMPENSATION

1. Does your organization have liability insurance coverage? ____ Yes ____ No
2. If yes, in what amount? _____
3. Does your organization pay worker's compensation in accordance with Federal and state laws?
____ Yes ____ No ____ N/A
4. Does your organization have fidelity bond coverage for principal staff members who handle the organization's accounts? ____ Yes ____ No
5. Will vehicles owned by the organization be used in conjunction with the proposed program?
____ Yes ____ No
6. If yes, what level of liability insurance is maintained on the vehicles? _____

IX. CONFLICTS OF INTEREST

REQUIRED ATTACHMENTS

_____ Written Standard of Conduct meeting the following criteria

With respect to procurement activities, the Recipient must maintain written standards of conduct governing the performance of its employees engaged in the award and administration of contracts. At a minimum, these standards must:

1. Require that no employee, officer, or agent may participate in the selection, award, or administration of a contract supported by grant funds if a real or apparent conflict would be involved. Such a conflict would arise when any of the following parties has a financial or other interest in the firm selected for an award:
 - An employee, officer, or agent of the Recipient;
 - Any member of an employee's, officer's, or agent's immediate family;
 - An employee's, agent's, or officer's partner; or
 - An organization which employs or is about to employ any of the persons listed in the preceding sections.
2. Require that employees, agents, and officers of the Recipient neither solicit nor accept gratuities, favors, or anything of value from contractors or parties to sub-agreements. However, Recipients may set standards for situations in which the financial interest is not substantial or the gift is an unsolicited item of nominal value.
3. Provide for disciplinary actions to be applied for any violation of such standards by employees, agents or officers of the Recipient.

With respect to all other assisted activities, the general standard is that no employee, agent, or officer of the Recipient who exercises decision-making responsibility with respect to funds and activities is allowed to obtain a financial interest in or benefit from those activities, or have a financial interest in any contract, subcontract, or agreement regarding those activities or in the proceeds for the activities. Specific provisions include that:

- The requirement applies to any person who is an employee, agent, consultant, officer, or elected or appointed official of the City, a designated public agency, or a Recipient, and to their immediate family members and business partners.
- The requirement applies to such persons during their tenure and for a period of one year after leaving the grantee or Recipient organization.

X. APPLICANT ASSURANCES AND CERTIFICATIONS

The applicant hereby assures and certifies with respect to this program or program, by the submission of this application, that the following are true statements:

1. It possesses legal authority to apply for the grant and to finance the proposed request; that a resolution, motion or similar action has been duly adopted or passed as an official act of the applicant's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required.
2. It will give the City, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.
3. It will cause work on the program to be commenced within a reasonable time after receipt of notification from the City that funds have been approved, and the program will be performed to completion with reasonable diligence.
4. The organization prohibits discrimination in accordance with Title VI of the Civil Rights Act of 1964, and it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and in accordance with Title VI of that Act, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under the program or activity for which the applicant receives financial assistance and will immediately take any measures necessary to effectuate this agreement.
5. It will comply with Texas Civil Statutes, Article 5996a, by insuring that no officer, employee, or member of the applicant's governing body or of the applicant's contractor shall vote or confirm the employment of any person related within the second degree by affinity or third degree by consanguinity to any member of the governing body or to any other officer or employee authorized to employ or supervise such person. This prohibition shall not prohibit the employment of a person who shall have been continuously employed for a period of two years prior to the election or appointment of the officer, employee, or governing body member related to such person in the prohibited degree.
6. It will insure that all information collected, assembled or maintained by the applicant relative to this program shall be available to the public during normal business hours in compliance with Texas Civil Statutes, Article 6252-17a, unless otherwise expressly provided by law.
7. It will conduct and administer the program in conformity with the Fair Housing Act (42 USC Section 3901 et. Seq.) and that it will affirmatively further fair housing.
8. The information, exhibits, and schedules contained in this application are true and accurate statements and represent fairly the financial condition of our organization;

I, the duly authorized representative of the applicant organization, certify that the foregoing statements are true to the best of my knowledge and belief:

CERTIFIED BY:

Signature: _____ Date Signed: _____

Printed Name: _____ Title: _____

Organization Name: _____

APPLICATION EVALUATION CRITERIA

Applications will be evaluated based on, but not necessarily limited to the following criteria:

1. Activity Need and Justification: Maximum of 20 Points

The activity will be evaluated on the documentation and justification of the need for the activity. Excellent, 15 points; good, 10 points; average, 5 points; and poor, 0 points.

2. Impact and Cost Effectiveness: Maximum of 30 Points

The activity will be evaluated on:

- amount of overhead compared to program costs
- impact on the identified need
- implementation costs compared to impact
- use of available resources (financial, staff, volunteer)
- leveraged resources

3. Implementation: Maximum of 20 Points

Considerations include:

- The application demonstrates that resources needed to manage the proposed activity are available and ready.
- Applicant has clearly defined goals focusing on results and measurable outcomes vs. only program activities and numbers served.

4. Past Performance or Letters of Reference: Maximum of 20 Points

- Applicants must not have no outstanding audit deficiencies, findings, or disallowed costs from previous projects or activities.
- If previously funded by the City within the past three years, the applicant has a strong record in managing previous funds and maintaining regulatory compliance. This includes, but is not limited to: meeting proposed goals, promptly submitting accurate reports and reimbursement requests, maintaining financial and program records in compliance with regulations and expending funds in a timely manner.
- If not previously funded within the past three years, the applicant has experience and performed well in implementing and administering grants from other funders for this program or a similar program OR The applicant has submitted up to three letters of recommendation for funding from others knowledgeable of their abilities. The applicant demonstrates the viability of the organization.

5. Preferred Need Categories: Maximum of 10 Points

Applicant will be considered for points in this category if the organization provides: case management, child care, internet support, car payments, job training, or homelessness prevention.

<u>PROGRAM RISK ASSESSMENT</u>	Max Points
1. Program Complexity	5
Description of program, size of dollar amount requested, requested funding as a percent of Total Program Budget	
2. Project Experience	10
Recipient's prior experience with this size and type project 0-2 years = 10 points 3-5 years = 5 points > 5 years = 0 points	
3. Program or Project Funding	5
City funds only = 5 points (0 if CPA statement* provided)	
Other sources of funds indicated, but not committed = 2.5 points (0 if CPA statement* provided)	
Other funds committed = 0 points	
*CPA statement that the entity has enough financial capacity to complete the project or program on a reimbursement basis	
4. Recipient Organization	7.5
Newly created entity = 5 points	
Well established, but no prior City funding experience = 2.5 points	
Prior experience with City programs = 0 points	
5. Recipient History	22.5
Monitoring findings or concerns in both of the past two years = 5 points (fixed at time of monitoring = 2.5 points)	
Monitoring findings or concerns in year one only of the past two years = 2.5 points (fixed at time of monitoring = 1 point)	
Project over budget in both of the past two years = 5 points	
Project over budget in year one only of the past two years = 2.5 points	
Project exceeded schedule in both of the past two years = 5 points	
Project exceeded in year one only of the past two years = 2.5 points	
Ability to deliver project within budget and on schedule = 0 points	
Any special contract conditions needed = 2.5 points	
Substantiated citizen or beneficiary complaints in the past two years = 5 points	

50

Risk Categories:

35 or higher = High, 25-34 = Moderate, 0 – 24 = Low