

Alexandria Emergency Support Grant Program

ACT for Alexandria

Application - Overview

Alexandria Emergency Support Grant Program

With funds from the American Rescue Plan Act, the City of Alexandria Department of Community and Human Services (DCHS) and ACT for Alexandria (ACT) are seeking to support and build the capacity of nonprofit organizations currently helping residents access tangible and emergency financial aid that includes but is not limited to gift cards, transportation assistance, childcare, eviction prevention, and rental assistance. Recognizing that nonprofits have deep, trusted relationships with community members, the purpose of the funding is to sustain and build upon this work to ensure that ongoing resource needs are met through provision of tangible aid. Grant awards up to \$65,000 will be available for emergency support the grant period of April 2022 – October 2022.

Project Name*

Character Limit: 100

Point of Contact Name*

Please add the name of the point of contact/responsible party with the authority to process and receive payment information.

Character Limit: 250

Point of Contact Email*

Please add the email of the point of contact/responsible party with the authority to process and receive payment information.

Character Limit: 250

Address Line*

Character Limit: 250

Address Line 2

Character Limit: 250

City, State*

Character Limit: 250

Zip Code*

Character Limit: 250

Phone number*

Character Limit: 250

Duns & Bradstreet (DUNS) Number*

Character Limit: 250

Do you have a federally negotiated indirect cost rate?*

If Yes, please include that information in your project budget.

Choices

Yes

No

Document Upload

Operating Budget*

File Size Limit: 5 MB

Project Budget*

File Size Limit: 5 MB

Application

Question 1*

Briefly describe your organization, including your programs and services, and the population(s) that you serve.

Character Limit: 10000

Question 2*

Briefly describe how the emergency assistance grant funds will be used, how you determined these needs, the number of Alexandrians you anticipate serving, the population you intend on serving, and a proposed timeline for use of funds.

Character Limit: 10000

Question 3*

Who will be responsible for executing this work? Check all that apply.

Choices

Current FT staff

Current PT staff

Volunteers

Will need to hire additional staff

Question 4*

Please estimate the number of Alexandrians that you have assisted with receiving financial assistance/tangible aid in the past six (6) months.

Character Limit: 250

In reference to Question 4, please add the amount spent in dollars on financial assistance/tangible aid within each of the categories listed below in the past six (6) months:

Medical Expenses:*

Character Limit: 250

Food programs:*

Character Limit: 250

Rent, mortgage, & utility aid*

Character Limit: 250

Cash assistance to unemployed workers:*

Character Limit: 250

Eviction assistance:*

Character Limit: 250

Job training assistance:*

Character Limit: 250

Other economic support:*

Character Limit: 250

Question 5*

Please indicate the residential zip codes of constituents you assisted in 2021. Check all that apply.

Choices

- 22206
- 22301
- 22302
- 22304
- 22305
- 22311
- 22312
- 22314

Question 6*

Please indicate the residential zip codes of constituents you have or plan to assist in 2022. Check all that apply.

Choices

22206
22301
22302
22304
22305
22311
22312
22314

Question 7*

What languages does your organization provide interpretation and translation services for?

Choices

Amharic
Arabic
English
Other
Spanish
Language services outside of the organization

If Other or language services outside of the organization, please list additional languages that you provide language translation services for or the language resources that you have access to.

Character Limit: 250

Question 8*

In one to two sentences, explain how decisions are made for allocating financial assistance.

Character Limit: 250

Question 9*

How are you currently interacting with constituents (in-person, virtually, or by other means)?

Character Limit: 250

Question 10*

How are you currently tracking the interactions, referrals, and/or tangible aid provided?

Character Limit: 10000

Question 11*

How will you measure and evaluate your organization's work?

Character Limit: 10000

Question 12*

How has racial equity informed your approach to your work?

Character Limit: 10000

Question 13*

How has trauma-informed care informed your approach to your work?

Character Limit: 10000

Question 14*

What support do you anticipate your organization will need from ACT and DCHS to be successful in this endeavor?

Character Limit: 10000

Grantee shall treat grant funds as restricted assets. Grantee shall either maintain awarded funds in a separate bank account that is restricted to the specific charitable project for which this grant is made or through their accounting practices be able to track and account for the award and related expenditures, separate from other operational activities. All expenditures made in furtherance of the purposes of the grant shall be charged off against the grant and shall appear on Grantee's books. Grantee shall keep adequate records to substantiate its expenditures of grant funds and retain those records for five years.

Grantee will use the funds solely for the purpose listed in this agreement and in accordance with the provisions of Section 501(c)(3) of the Internal Revenue Code of 1986 (the "Code"), which requires that grant funds be expended for charitable, scientific, literary, or educational purposes.

Grantee is prohibited from using grant funds to exclude participation in supported activities because of race, national origin, creed, gender, age, sexual orientation, gender identity, religion, status with respect to public assistance, or disability.

There is no pending proceeding or investigation directed at the Grantee by a federal, state, tribal, or local administrative agency or authority that could have a material adverse impact on the Grantee's ability to perform its obligations under this Agreement.

If at the end of the grant term, any grant funds have not been expended or committed in accordance with this Agreement (whether expended for a purpose not in accordance with this Agreement, or not spent at all), ACT may demand return to it of all or any portion of such funds.

Agreement*

I agree that I will use the funds only for approved purposes as required by federal law. I acknowledge that I cannot charge more than 10% of the grant award for administrative costs, such as salaries, wages, benefits, and supplies related to the project unless my organization has a federally negotiated indirect cost rate. I further agree that I will submit regular program enrollment, data and expenditure reports as required by the City of Alexandria DCHS. By submitting this application, I certify that I will meet the following requirements from today's date until October 30, 2022:

I also understand that it is my responsibility to maintain records and other documentation related to the use of the funds I receive under the Alexandria Emergency Support Grant program for at least five years following the end of the grant. I acknowledge that the Commonwealth of Virginia or the federal government may audit my facility at any time during the grant period and for up to five years thereafter. By submitting this application and receiving a grant award, I agree to cooperate to the fullest extent possible with any such audit or investigation.

The following signature (typed name and date) affirms that I will adhere to the terms described above.

This program is being supported by the Coronavirus State and Local Fiscal Recovery Funds award number 21.027 awarded by the City of Alexandria, Virginia by the U.S. Department of the Treasury.

Signature:

Character Limit: 250

Date:*

Character Limit: 250

Terms and provisions*

By clicking this box, I acknowledge that I have read, understand, and agree to abide by the terms and provisions of the Alexandria Emergency Support Grant Program. I agree that funding from the Alexandria Emergency Support Grant Program will be used for the allowable purposes. I certify that all information included in this application is accurate to the best of my knowledge or belief.

Choices

I agree