

ARISE Application Partner Grant

ACT for Alexandria

Organization Overview

ARISE Application Partner

With funds from the American Rescue Plan Act, the City of Alexandria Department of Community and Human Services (DCHS) is seeking to partner with nonprofit organizations to support eligible City of Alexandria residents in accessing and successfully completing the ARISE, guaranteed income pilot, application. The City is partnering with ACT for Alexandria to implement a competitive grant process. Awards will be made based on the strength of the organization's existing relationships and demonstrated ability to reach and support the target population which includes individuals 18 years and older, whose household income is at or below 50% AML, living in or near HUD Qualified Census Tracts. Special attention should be given to populations who are not language literate in any of the application languages of English, Spanish, Amharic and Arabic or lack access to technology or comfort with navigating an online application. ACT will award 3 grants (up to \$15,000) to selected organizations. The City, in partnership with Abt Associates, will provide necessary training and resources for grantees.

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 narrative.

Choices

Yes

No

Budget Document Upload

Operating Budget*

Please upload your organization's operating budget.

*File Size Limit: 5 MB***Project Budget***

Please upload the project budget or narrative.

File Size Limit: 5 MB

Project Overview

Question 1*

Brief description of organization including your programs and services and the population(s) you serve.

*Character Limit: 10000***Question 2***

What is the grant amount requested?

*Character Limit: 250***Question 3***

Please indicate the zip codes served by your organization. Check all that apply.

Choices

22206

22301

22302
22304
22305
22311
22312
22314

Question 4*

Please indicate the race and ethnicities served by your organization. Check all that apply.

Choices

African American or Black
American Indian or Alaska Native
Asian or Pacific Islander
Hispanic or Latino
Other
White

Question 5*

Please indicate the languages your organization provides interpretation and/or translation services for. Check all that apply.

Choices

Amharic
Arabic
English
Other
Spanish
Language services outside of the organization

If "Other" or "Language services outside the organization" is selected, please explain.

Character Limit: 250

Question 6*

Please detail your project strategy. How do you propose to reach the target population and support eligible individuals to successfully submit the online ARISE application? How do you envision engaging with applicants during the application time period? What schedule (days of the week/hours) will you be available, will applicants come to a specific site, will you be canvassing/going door to door in your outreach?

Character Limit: 10000

Question 7*

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

Choices

Current FT staff
Current PT staff
Volunteers

Will need to hire additional staff

Question 8*

What experience does your organization have with large scale intake coordination?

Character Limit: 10000

Question 9*

What communication channels will you use for outreach and engagement?

Character Limit: 10000

Question 10*

How many applicants do you anticipate helping to complete the application?

Character Limit: 250

Question 11*

How will you ensure staff and/or volunteers are trained to implement this project?

Character Limit: 10000

Question 12*

What challenges do you anticipate having in assisting applicants?

Character Limit: 10000

Question 13*

What information/resources do you need from ACT and DCHS to be successful with this project?

Character Limit: 10000

Agreement & Terms

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.

*

Character Limit: 100

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 indirect costs associated with carrying out 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 above requirements.

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 ARISE Application Partner 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.

Character Limit: 10000

Signature*

Please enter your name.

Character Limit: 250

Date*

Character Limit: 10

Terms and Provisions*

By clicking this button, I acknowledge that I have read, understand and agree to abide by the terms and provisions of the ARISE Application Partner Grant Program. I agree that funding 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