

OCTOBER 2022

# **CITY OF AKRON VIOLENCE INTERVENTION AND PREVENTION**

Community Grant Application



DANIEL HORRIGAN, MAYOR

# I. Organizational Information and Background Section

## A. Organization Name

(as registered with IRS – W9)

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## B. Organization Address

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## C. Organization Website

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## D. Authorized Contact(s) Information

First Name

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Last Name

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Title

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Address

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Phone Number

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Email Address

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## E. Organization Filing Status

(501(c)(3), etc.)

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## F. Organization's Employer Identification Number (EIN)

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## G. Data Universal Numbering System Number (DUNS)

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H. Has your organization received prior funding to address gun, group, or domestic violence in the past? If yes, by whom?



## II. Project/Program Narrative Section

**A. Select the category that best represents your project?**

**B. Is the project an expansion of current services your organization offers, a new program, or reinstatement of a previously funded program?**

**C. Specifically, what will you use the funds for? Examples of eligible projects can be found in corresponding City NOFO documents (500-word limit)**

**D. Please describe, in detail, how your project is related to COVID-19 and how funding is essential in addressing this need. (500-word limit)**



**E. Please describe the target population of your program (100-word limit)**

**F. What is the location (address and neighborhood) of your proposed project? Be as specific as possible.**

**G. Which of the following statements apply to your proposed program or service. Please select all that apply**

A program or service provided at a physical location in a Qualified Census Tract (for multi-site projects, if a majority of sites are within Qualified Census Tracts);

A program or service where the primary intended participants live within a Qualified Census Tract

A program or service for which the eligibility criteria are such that the primary intended participants earn less than 60% of the median income for the City of Akron

A program or service for which the eligibility criteria are such that over 25 percent of intended participants are below the federal poverty line.

**H. How do you intend to recruit participants to your project and/or refer individuals for services, supports or other resources in the community (200-word limit) *Only answer if applicable***



**I. These funds require the use of evidence-based models or practice-based evidence. Please provide a description of the evidence that links your proposed strategies to violence reduction.**

**J. Please explain your proposed project's timeline to completion. All ARPA grants distributed by the City of Akron must be expended by December 31, 2024. (500-word limit)**

**K. What data do you plan to collect (demographic data? Number of individuals/households served? Number of activities provided, etc.?) Funded applicants will receive additional guidance on specific data to be reported.**



# III. Budget Section

**All budget items must be reasonable and critical to your proposed activities.** The budget should be consistent with your narrative, making it clear how each of the activities will be funded. The budget will cover up to a 36-month period and all expenses must be listed and directly related to the grant. When estimating costs, please show your calculations by including quantities, unit costs and other details. Only include grant funded expenses in the budget descriptions. Provide a budget, broken into categories such as personnel, employee benefits/fringe, travel, training, equipment, office expenses, program, etc and short narrative for each request.

**A. What is the total budget request amount?**

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**B. What is the annual organization budget?**

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**C. Does your project require up front ARPA grant funding to get started? If yes, please describe what is needed to get started.**

**D. Please describe how this project will be financially sustainable after ARPA funds are expended? (500-word limit)**



**E. Has this proposed project been submitted through any other City, State, Federal, or private funding process? If yes, please provide the information regarding the funding source, amount, and funding details.**

**F. How will you measure success of this project? Be specific as possible. (100-word limit) Please use measurable indicators (i.e., ROI, Social Impact, Cost Benefit Analysis, Pre/Post Shifts in Attitudes or Behavior, etc.).**

**G. What are the specific outcomes and accomplishments this project will achieve? (100-word limit)**



## IV. Administrative Systems

Please answer yes or no to the following questions:

**Yes**

**No**

**OUR ORGANIZATION HAS HAD AN INSTANCE OF MISUSE OR FRAUD IN THE PAST 36 MONTHS.**

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**OUR ORGANIZATION HAS CURRENT OR PENDING LAWSUIT AGAINST THE ORGANIZATION.**

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\_\_\_\_\_

**WE HAVE SEPARATE ACCOUNTS FOR DIFFERENT PROGRAMS/REVENUE SOURCES TO PREVENT COMINGLING OF FUNDS.**

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**OUR ORGANIZATION USES A DAILY TIME TRACKING LOG FOR EACH POSITION BEING PAID USING MULTIPLE SOURCES OF FUNDING.**

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**OUR ORGANIZATION HAS A PAID BOOKKEEPER.**

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**OUR ORGANIZATION HAS AN APPROVAL PROCESS THAT REQUIRES MULTIPLE APPROVALS BEFORE FUNDS CAN BE EXPENDED.**

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**OUR ORGANIZATION HAS WRITTEN POLICIES AND PROCEDURES FOR ACCOUNTING, PURCHASING AND PAYROLL.**

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**OUR ORGANIZATION'S ACCOUNTING SYSTEM CAN IDENTIFY, AND TRACK GRANT PROGRAM-RELATED INCOME AND EXPENSES SEPARATE FROM ALL OTHER INCOME AND EXPENSES.**

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**WE CAN EASILY RETRIEVE ORIGINAL RECEIPTS FOR EXPENSES THAT ARE REIMBURSED BY THE GRANT.**

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**OUR BOARD OF DIRECTORS MEETS AT LEAST EVERY OTHER MONTH.**

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**OUR ORGANIZATION HAS A CONFLICT OF INTEREST POLICY.**

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# V. Documentation & Attachment Section

The City of Akron requires the following documents submitted with the ARPA application:

## **PROVIDE THE FINANCIAL DOCUMENT(S) APPLICABLE TO YOUR ORGANIZATION:**

### **A. Agency with annual revenue under \$50,000**

- Statement of Financial Position (Balance Sheet)
- Statement of Activity (Income and Expense Statement)

### **B. Non-government agency with a total annual revenue of \$50,000-\$750,000**

- IRS Form 990

### **C. Agency with total annual revenue of over \$750,000, but with federal expenditures less than \$750,000**

- Certified Financial Audit
- Certified Financial Audit Management Letter
- Corrective Action Plan (if applicable)

### **D. Agency that spent \$750,000 or more in federal funds during fiscal year**

- Single Audit
- Single Audit Management Letter
- Corrective Action Plan (if applicable)

## **DETAILED BUDGET FOR THE PROJECT, INCLUDE ALL PROPOSED EXPENSES RELATED TO YOUR PROJECT.**

## **ANY ADDITIONAL RELEVANT DOCUMENTS REGARDING THE PROJECT.**

# V. Affirmation and Submittal Section

In this section, applicants will be asked to check off boxes to verify that they read and understand the following statements

## **THE APPLICANT UNDERSTANDS:**

- 1.This application and other materials submitted to the City of Akron may constitute public records subject to disclosure under Ohio's Public Records Law.
- 2.Submitting false or misleading information in connection with an application may result in the applicant being found ineligible for financial assistance under the funding program, and the applicant or its representative may be required to repay the grant award or be subject to civil and/or criminal prosecution.
- 3.Receipt of federal funds through this grant process requires recipient to agree to all rules, regulations, and reporting associated with this federal program.



**THE APPLICANT CERTIFIES TO THE BEST OF ITS KNOWLEDGE:**

- 1.The information submitted to the City of Akron in this application, including required supporting documentation, is true and correct.
- 2.The applicant is in compliance with all applicable federal, state, and local laws, regulations, ordinances, and orders and must report any and all noncompliance with said laws that could have an adverse material impact on the business. Adverse material impact includes lawsuits, criminal or civil actions, bankruptcy proceedings, or regulatory action by a governmental entity.
- 3.The applicant has not received other federal, state, or local assistance for the same expenses as submitted in this application.
- 4.The applicant is current on all federal, state, and local (i.e., property taxes) taxes.

**SIGNATURE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

**DATE SUBMITTED:** \_\_\_\_\_



DANIEL HARRIGAN, MAYOR