**SUBMISSION INSTRUCTIONS:**

Completed applications must be submitted to DFA-IGS postmarked no later than **Wednesday,** **September 15, 2021,** via U.S. Postal Service to the following address:

**Arkansas Department of Finance and Administration**

**Office of Intergovernmental Services**

**Attn: JAG/COVID-19**

**1515 West 7th Street, Suite 404**

**Little Rock, AR 72201**

**Or**

**Electronic Submission by 12:00 Noon, Wednesday, September 15, 2021**

[**IGS.Applications@dfa.arkansas.gov**](mailto:IGS.Applications@dfa.arkansas.gov)

**Requirement for EO 12372: Completed Applications and the Completed 424SF Must Be Submitted to the State Clearinghouse electronically at the following email:**

[**igsclearinghouse@dfa.arkansas.gov**](mailto:igsclearinghouse@dfa.arkansas.gov)

**APPLICATION CHECKLIST:**

* Completed and Signed SF424 (Authorized Official)
* Applicant’s Disclosure of Other COVID-19 Funding
* DFA-IGS Certification/Signature Page
* Request For Application (RFA)-Phase II Form
* Budget Justification Narrative Forms (included with RFA form)
* Budget Detailed Line-Item Forms (included with RFA form)
* Standard Assurances
* Certification Regarding Debarment, Suspension,
* Certification Regarding Lobbying. Debarment, Suspension
* EEOP Certification
* Assurances Non-Construction SF424B
* W-9 Form and Instructions
* Voided Check
* Application Submitted to State Clearinghouse

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| **NAME OF AGENCY/ORGANIZATION** |

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| **DFA-IGS CERTIFICATION/SIGNATURE PAGE** | |
| As the Authorized Officials of the organization, I/We certify that the request and awarded amount will be utilized according the U.S. Department of Justice (DOJ)*,* Office of Justice Programs (OJP)*,* Bureau of Justice Assistance (BJA) Coronavirus Emergency Supplemental Funding Program guidelines and **Statutory Authority:** The CESF Program is authorized by Division B of H.R. 748, Pub. L. No. 116­136 (Emergency Appropriations for Coronavirus Health Response and Agency Operations); 28 U.S.C. 530C. All funds will be utilized to prevent, prepare for, and/or respond to the Coronavirus of impacted areas. Funds will not be utilized to supplant and/or for duplicating previous reimbursed expenses. I understand and agree by accepting an award with DFA/IGS, the organization will comply with the required use, financial reporting and tracking of expenditures as deemed by federal and state requirements. **Further, I certify that expenses to be claimed under this subgrant (if awarded) has not be claimed or paid from other federal funding sources.** | |
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| **AUTHORIZED OFFICIAL SIGNATURE** | **DATE** |
|  |  |
|  |  |
| **FISCAL OFFICER/TREASURER SIGNATURE** | **DATE** |

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| APPLICATION NO.  ASSIGNED BY DFA-IGS | | | | | | |  | | | | | | |
| 1. APPLICANT/ORGANIZATION | | | |  | | | | | | | | | | | | | | | | | | |
| 1. PHYSICAL ADDRESS | | | |  | | | | | | | | | | | | | | | | | | |
| 1. MAILING ADDRESS | | | |  | | | | | | | | | | | | | | | | | | |
| 1. CITY | | | |  | | | | | | | | | | 4a. ZIP CODE | | | |  | | | | |
|  | | | | | | |  | | | | |  | | | | |  | | | | | |
| 1. FEDERAL IDENTIFICATION # (EMPLOYER IDENTIFICATION NUMBER) | | | | | | |  | | | | | 1. DUNS# | | | | |  | | | | | |
| 1. SAM.gov REGISTRATION CURRENT? YES/NO) | | | | | | | |  | | | 7a. SAMs EXPIRATION DATE | | | | | | | |  | | | |
| 1. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? (YES/NO) | | | | | | | | | | | | | | | | | | | |  | | |
| 1. AUTHORIZED OFFICIAL (NAME/TITLE)/PHONE/EMAIL   *(Authorized Official: i.e. Mayor or County Judge, Highest Elected/Appointed Official, Agency Secretary/Director)* | | | | | | | | | |  | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | |
| 1. PROPOSED USE OF FUNDS | | |  | | | | | | | | | | | | | | | | | | | |
| 1. AMOUNT OF FUNDS REQUESTED | | | | | **Total Requested $** | | | | | | | | | |  | | | | | | |
| 1. HAS YOUR AGENCY RECEIVED CESF/COVID-19 FUNDING PREVIOUSLY FROM DFA-IGS? (YES/NO) | | | | | | | | | | | | | | | | |  | | | | | |
| 1. WOULD THE FEDERAL FUNDS BEING REQUESTED REPLACE PRIOR LOCAL OR STATE SUPPORT FOR THIS PROJECT? (YES/NO) | | | | | | | | | | | | | | | | | | | |  | | |
| 13a. IF YES, EXPLAIN: | |  | | | | | | | | | | | | | | | | | | | | |
| 1. W-9 FORM SUBMITTED? (YES/NO) | | | | | |  | | | | | | | 14a. VOIDED CHECK SUBMITTED? (YES/NO) | | | | | | | |  | |
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| 1. CONTACT PERSON   (NAME/TITLE) |  | | | | | | | | | | | | | | | | | | | | | |
| 1. EMAIL ADDRESS |  | | | | | | | | | | | | | | | | | | | | | |
| 1. OFFICE PHONE |  | | | | | | | | | | | | 17a. ALTERNATE PHONE | | | |  | | | | | |
| 1. ALTERNATE CONTACT PERSON   (NAME/TITLE) | | | | |  | | | | | | | | | | | | | | | | | |
| 1. EMAIL ADDRESS | | | | |  | | | | | | | | | | | | | | | | | |
| 1. OFFICE PHONE |  | | | | | | | | | | | | 20a. ALTERNATE PHONE | | | |  | | | | | |

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| **CORONAVIRUS EMERGENCY SUPPLEMENTAL PROGRAM** |

| **TYPE OF PROJECT** | |  | **LIST THE PROPOSED FOCUS/TARGETED AREAS** |  |
| --- | --- | --- | --- | --- |
|  | State Agency |  | (Counties and/or Cities Affected) |  |
|  | Local Jurisdictions |  |  |
|  | County |  |  |
|  | Municipality |  |  |
|  | Other (explain) |  |  |
|  |  |  |  |

**Budget Request Instructions:**

| **BUDGET REQUEST INFORMATION SECTION**  JUSTIFICATION NARRATIVE AND DETAILED LINE ITEM BUDGET  **EXPENDITURE PERIOD END DATE: DECEMBER 31, 2021** |
| --- |
| 1. Provide a budget detailed justification narrative below explaining each category-line item amount requested and how it relates to preventing, preparing or responding to the coronavirus/COVID-19. 2. Complete the Detailed Line Item Budget Request for each item being requested for expenses not reimbursed in Phase I. Use attached form below. (Additional Rows May Be Added).   **Permissible Uses of Funds -** Funds awarded under this program must be utilized to prevent, prepare for, and respond to the coronavirus. Allowable projects and purchases include, but are not limited to, overtime, equipment (including law enforcement and medical personal protective equipment), hiring, supplies (such as gloves, masks, sanitizer), training, travel expenses (particularly related to the distribution of resources to the most impacted areas), and addressing the medical needs of inmates in state, local, and prisons, jails, and detention centers. For additional allowable and non-allowable items visit the webpage [Coronavirus Emergency Supplemental Funding (CESF) Program | Department of Finance and Administration (arkansas.gov)](https://www.dfa.arkansas.gov/intergovernmental-services/grant-programs/coronavirus-emergency-supplemental-funding-program/)  *Please Note: Funds may not be used to fill shortfalls in government revenue to cover expenditures that would not otherwise qualify under the statute.* |
| 1. **DETAILED JUSTIFICATION NARRATIVE-PROVIDE A DETAILED NARRATIVE EXPLAINING HOW REQUESTED FUNDS ADDRESS, PREVENT, OR PREPARE FOR THE COVID-19 PANDEMIC.** |
| (Enter Narrative Justification Here:  *The Box Will Expand As You Type. You May Submit/Attach a Separate Sheet*) |

| 1. **DETAILED LINE ITEM BUDGET REQUESTED (Additional Rows May Be Added)** | | |
| --- | --- | --- |
| **CATEGORY-LINE ITEMS** | **REQUESTED AMOUNT PHASE** | **PLEASE SHOW CALCULATION(S)** |
| **PERSONNEL-STAFFING** | | |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
| **OVERTIME-PERSONNEL** | | |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
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| **FRINGES-MANDATED BENEFITS** | | |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
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| **MAINTENANCE AND OPERATIONS** | | |
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| **PROFESSIONAL SERVICES-CONTRACTS** | | |
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| **TRAININGS** | | |
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| **TRAVEL-MILEAGE** | | |
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| **EQUIPMENT** | | |
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| **OTHER** | | |
| *Enter Item* |  |  |
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| *Enter Item* |  |  |
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| **TOTAL AMOUNT REQUESTED PHASE I** |  |  |