



**Mount Vernon, NY**  
**American Rescue Plan Act (ARPA) Funding**  
**Grant Application for Non-Profit Organizations**  
**DEADLINE: July 17, 2023 at 4:00pm**

MAIL OR HAND DELIVER APPLICATION TO:  
Sylvia Bolivar, Deputy Commissioner  
The City of Mount Vernon, NY  
Department of Planning & Community Development  
City Hall – Room 211  
1 Roosevelt Square Mount Vernon, NY 10550

**Applications must be completed in full to be considered**

**REQUEST FOR PROPOSALS**  
**For**  
**American Rescue Plan Act (ARPA) Funding**  
**Grant Application for Non-Profit Organizations**

**APPLICANT INFORMATION**

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Legal Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Tax Identification year of 501c(3): \_\_\_\_\_ Tax I.D. Number: \_\_\_\_\_

\*DUNS Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Website: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Title: \_\_\_\_\_

**GRANT OVERVIEW:**

This is a grant program not a loan. There are limited funds available for this program. ARPA funds in the amount of \$500,000.00 have been allocated to assist non-profit organizations in their recovery efforts of the COVID-19 pandemic in assisting the community. The nonprofit must sign a funding agreement with the City of Mount Vernon, New York, which will include, but is not limited to general legal principles; reporting; access to financial records; document retention; and audit provisions if applicable. Upon executed grant agreement with the City of Mount Vernon, the recipient will be provided funding in the amount awarded.

**GRANT OVERVIEW HIGHLIGHTS:**

All the categories below must respond to the negative economic impact caused to their nonprofit by COVID-19.

**CATEGORIES:**

Childcare, After-School Care, Services for Youth, Youth Team Sports, Education, Legal Services, Elder Services, Recidivism, Art and Music Programs, and Workforce Development Programs.

Examples of Workforce Development services could include, but are not limited to:

- Career coaching and navigation services;
- Job readiness workshops/training and activities;
- Education and training programs that include support for future career pathways;
- Pre-apprenticeship and apprenticeship programs in high-demand industries;
- Job placement assistance;
- Work-based learning or subsidized employment projects;
- Wrap-around and supportive services that support reemployment;
- Working with employers to recruit from targeted populations; and/or
- Career awareness projects to build awareness of in-demand industries and occupations in Mount Vernon among targeted populations

Application completed in full must be received by July 17, 2023 at 4:00PM.

- The minimum grant awards are \$10,000.00 and the maximum amount are \$25,000.00 per non-profit organization.

Grant related questions can be emailed to Andrea Haynes at: [AHaynes@cmvny.com](mailto:AHaynes@cmvny.com)

## KEY DATES

Notifications	Date
1. Request for Proposals Release Date	June 12, 2023
2. Proposal submission due date	July 17, 2023
3. Grant Application Review	July 2023
4. Grant Award Announcement	July 2023
5. Grant Term	One Year

### APPLICATION ELIGIBILITY FOR NONPROFITS:

- Must be an active Mount Vernon and Internal Revenue Service Nonprofit 501(c)(3), 501(c)(4) or (19).
- Must have been in operation for at least the last three years in the city.
- Must provide direct services to the City of Mount Vernon community.
- Must not discriminate based on age, sex, religion, national origin, disability, economic status, or sexual orientation.
- Must have at least (1) brick and mortar physical presence and/or office in the City of Mount Vernon.
- Must be current on all financial obligations to the City of Mount Vernon and the State of New York (e.g. property taxes if applicable, utility bills, past due bills, etc.).
- Grant must be used by grantee and cannot be used to make additional grants to other organizations.

### INELIGIBLE USES FOR NONPROFITS:

- Contributions to rainy day funds, financial reserves, pension funds, or similar funds.
- Payment of interest or principal on outstanding debt instruments.
- Lobbying, support of candidates for public office, or other political activities.
- Past infrastructure projects that did not comply with New York Law regarding the payment of prevailing wage.
- Funding for programs or organizations that do not serve the City of Mount Vernon, New York.
- Expenses reimbursed or eligible for reimbursement through any other contract or agreement with the City, including but not limited to Community Development Block Grants, and CARES Act grants.
- Payment of taxes, fees, or other payments due to the City of Mount Vernon.
- Funds used towards worship or religious instruction.

### PROGRESS REPORTING PROCESS:

- Beneficiaries will be required to complete quarterly progress reports until complete expenditure of funds. Reports also need to estimate grant expenditures for the next quarter.
- Failure to provide progress reports and any other requested information pertaining to the funds awarded will result in the recapture of the funds by the City of Mount Vernon, and any other actions deemed appropriate in the City's sole discretion.

- Once all grant funds have been documented through the quarterly progress reports, the grantee will be provided a closeout document to complete and return to the City with the time specified.
- All Applicants must comply with all federal, state, and municipal laws and regulations regarding this application.

**GRANT INSTRUCTIONS:**

- Download the PDF form filler application from the City of Mount Vernon website, and complete the form in black ink.
- Any grant related questions can be emailed to Andrea Haynes at [AHaynes@cmvny.com](mailto:AHaynes@cmvny.com) (Please include in the subject “ARPA Inquiry”)
- **GRANT APPLICATION AND ALL REQUIRED DOCUMENTS MUST BE RECEIVED BY 4:00PM ON July 17, 2023**
- APPLICATIONS WILL BE STAMPED UPON RECEIPT.

**APPLICATIONS SHOULD BE SUBMITTED TO:**

Sylvia Bolivar  
 Deputy Commissioner  
 Department of Planning and Community Development  
 1 Roosevelt Square, Mount Vernon, NY 10550

Please specify the category of service you are applying for from the list on page three.

**PROGRAM CATEGORY:**

Specify the number of City residents estimated to be served with the funding:

**TOTAL ARPA GRANT FUNDS REQUESTED: \$**

**LOCALE (10 POINTS)**

Does your organization reside in Mount Vernon? Yes/No

**ORGANIZATION PRIMARY SERVICE (15 POINTS)**

Provide organization mission statement and primary service provided to the community, include proof of non-profit status.

**FUNDING PURPOSE (10 POINTS)**

Please list funding purpose (rent, mortgage, payroll, utilities, equipment, etc.), with specific amount requested (total of listed purposes should equal the Total ARPA Grant funds request on page 1).

**IMPACT MEASUREMENTS (10 POINTS)**

Please describe the program or project to be funded with the grant by the organization and how impact will be measured. Please describe innovations, adaptations, long term sustainability (2023 and beyond) to denote service changes and other notable plans.

**ORGANIZATIONAL COMMITMENT (10 POINTS)**

All applicants are required to commit to maintain funded project(s) within the City of Mount Vernon for a minimum of two (2) years. Do you commit to maintain funded projects within the City for a minimum of two years? Yes/No

**EQUITABLE STRATEGIES (15 POINTS)**

The federal ARPA encourages the use of funds that promote strong equitable growth, including racial equity. Please describe how your organization's planned use of the funds prioritizes economic and racial equity. Name specific goals intended to produce meaningful equity results and articulate the strategies to achieve those goals. Please include information regarding services to Disproportionately Impacted Communities (low-income populations).

**ADVANCING ECONOMIC DEVELOPMENT ECOSYSTEMS (15 POINTS)**

The federal ARPA encourages the use of funds to assist organizations that support the professional development, capacity, and tenure of the immediate workforce.

- Describe how your organization and the proposed program strengthen the local workforce?
- How does your organization internally address and improve talent attraction and local hiring opportunities?
- How does your organization support the growth of new markets and workforce innovation initiatives?

**ADVANCING RACIAL EQUITY (15 POINTS)**

The City of Mount Vernon evaluates organizations and projects that can demonstrate alignment with advancing equitable outcomes. Mount Vernon is committed to closing racial disparities and using a racial equity lens in the allocation of federal funds.

- Describe how your organization and the proposed program/implementation strategy to advance racial equity in the community?
- Describe how your organization advances racial and ethnic equity within the organization?
- Does your organization provide materials in multiple languages? If so, which languages?

**REQUIRED DOCUMENTATION**

- Proof of tax exempt status
- Current City of Mount Vernon Certificate of Tenancy
- Most recent single financial audit or Form 990
- Current lease or last two mortgage statements
- Most recent income statements
- Articles of Incorporation/Organization Formation

**ACKNOWLEDGEMENT:**

I have read and understand the U.S. Treasury’s Compliance and Reporting Guidance for State and Local Fiscal Recovery Funds.

Should the City allocate ARPA Funds, I am able to pledge to adhere to all compliance and reporting requirements of the U.S. Treasury as it relates to any State and Local Fiscal Recovery Funds.

I understand the City will contact me if/when additional information is needed and that information will be promptly provided to the City to support reporting requirements.

If for any reason I am unable to comply with the U.S. Treasury’s Compliance and Reporting Requirements, I will immediately notify the Commissioner of the Department of Planning and Community Development in writing by email or letter.

I hereby certify that this application for the City of Mount Vernon's ARPA nonprofit grant is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Nonprofit Director-Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



**Appendix C**  
**Racial Equity Self-Assessment**

Racial Equity Assessment Form	Choose from the two options – <input type="checkbox"/> Implementation Started or <input type="checkbox"/> Plan to Implement	What has been implemented or will be implemented?
We have access to data on racial/ethnic disparities to guide our work	<input type="checkbox"/> Implementation Started or <input type="checkbox"/> Plan to Implement	
Our work includes performance measures to determine how well we are doing to address racial disparities	<input type="checkbox"/> Implementation Started or <input type="checkbox"/> Plan to Implement	
Our board has developed and implemented a plan to address racial disparities in our programs and in our organization	<input type="checkbox"/> Implementation Started or <input type="checkbox"/> Plan to Implement	
Agency staff at all levels participate in community workgroups/task groups aimed at addressing racial disparities	<input type="checkbox"/> Implementation Started or <input type="checkbox"/> Plan to Implement	
Our Agency host or participates in training events dedicated to improving equitable outcomes	<input type="checkbox"/> Implementation Started or <input type="checkbox"/> Plan to Implement	

## Appendix D

### CONFLICT OF INTEREST QUESTIONNAIRE

Federal, State, and City of Mount Vernon, New York Laws<sup>2</sup> prohibit employees and public officials of the City of Mount Vernon from participating on behalf of the City of Mount Vernon in any transaction in which they have a financial interest. Accordingly, the purpose of this questionnaire is to determine if the respondent or any of the respondent's staff, or any of the respondent's Board of Directors would have a conflict of interest.

1. Is there any member of the respondent's staff or any member of the respondent's Board of Director's or governing body who currently is or has/have been, within one year of the date of this questionnaire, either a City of Mount Vernon employee, a consultant to the City of Mount Vernon, or a member of the Mount Vernon City Council?

Yes \_\_\_\_\_ No \_\_\_\_\_

- a) If yes, on a separate page please list the name of the individual.
- b) Please indicate the job title or role each person listed above has or had with respect to the respondent. State whether each person listed above is a City of Mount Vernon employee, consultant, or member of the Mount Vernon City Council, and identify the City of Mount Vernon Department in which he/she is employed.

2. Will the respondent award a subcontract to any individual(s) or business affiliate(s) who is/are currently or has/have been, within one year of the date of this questionnaire, a City of Mount Vernon employee, a consultant to the City of Mount Vernon, or member of the Mount Vernon City Council?

Yes \_\_\_\_\_ No \_\_\_\_\_

- a) If yes, on a separate page please list the individual name(s).
- b) Please state whether each person listed above is a City of Mount Vernon employee, consultant to the City of Mount Vernon, or member of the Mount Vernon City Council, and identify the City of Mount Vernon Department in which he/she is employed.

3. Is there any member of the respondent's staff or members of the respondent's Board of Directors or other governing body who are business partners or family members of a City of Mount Vernon employee, consultant, or member of the Mount Vernon City Council?

Yes \_\_\_\_\_ No \_\_\_\_\_

- a) If yes, on a separate page please list the name(s).
- b) If yes, please identify the City of Mount Vernon employee, consultant, or member of the Mount Vernon City Council with whom each individual has family or business ties.

Name of Firm: \_\_\_\_\_

Name: \_\_\_\_\_

**Appendix E**

**CERTIFICATION REGARDING DEBARMENT AND SUSPENSION**

- 1) In order to assure compliance with 2 C.F.R. Part 180. 2 C.F.R. Part 2424. and other applicable law, the Contractor certifies that it, its principals, and affiliates:
- (a) Are not presently disbarred, suspended, proposed for debarment, declared ineligible
  - (b) or voluntarily excluded by any Federal department or agency;
  - (c) Have not within a 3-year period preceding this Agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction, including any violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification of records, making false statements, or receiving stolen property;
  - (d) Are not presently indicted for or otherwise criminally or civilly charged by a Government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) above;
  - (e) Have not within a 3-year period preceding this Agreement had one or more public transactions (Federal, State, or local) terminated for cause or default.
- 2) Where the Contractor is unable to certify to any of the statements in this paragraph, the Contractor shall attach a written explanation to this certification.

**Contracting Entity's Name:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**LEFT BLANK INTENTIONALLY**