North Carolina Office of Recovery & Resiliency

State Revolving Loans for Temporary Cash Assistance to Local Governments/Municipalities Application

Fiscal Year 2020

|  |  |
| --- | --- |
| **Disaster Declaration**  *Please select the Presidential Disaster Declarations that apply to your county or incorporated municipality.* | |
|  | Hurricane Matthew (DR-4285)  Hurricane Florence (DR-4393)  Tropical Storm Michael (DR-4412)  Hurricane Dorian (DR-4465) |

## 1 CONTACTS

Enter requested information for all contacts listed below.

### Applicant

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant**  *This is the agency applying for loans.* | | | |
| [Applying agency](#Applying_agency" \o "The name of the agency applying for the grant.                                                                              ) | Click or tap here to enter text. | | |
| [Street address](#Applicant_Street_Address" \o "Street address of the applicant.                                                          ) | Click or tap here to enter text. | | |
| [City](#Applicant_City" \o "City where applying agency is located.                                                                    ) | Click or tap here to enter text. | [ZIP + 4](#Applicant_zip" \o "The nine-digit zip code of the applying agency.) | Click or tap here to enter text. |
| [Email](#Applicant_Email" \o "Email address of the applying agency.                                                                     ) | Click or tap here to enter text. | | |
| [EIN/Tax ID number](#Applicant_EIN" \o "The unique nine-digit identification number of the agency. Financial personnel should be able to provide this number.                                                                                                                          ) | Click or tap here to enter text. | | |
| [DUNS number](#Applicant_DUNS" \o "The unique eight-digit identification number of the agency. Your financial personnel should be able to provide you with this number.                                                                        ) | Click or tap here to enter text. | | |
| [Your name](#Applicant_Your_name" \o "The name of the individual completing this application.                                                                           ) | Click or tap here to enter text. | | |
| [Are you authorized to apply for loans on behalf of the applying agency?](#Applicant_authorized" \o "Select \"Yes\" or \"No\".                                                                                  ) | | | Choose an item. |

#### Field help

|  |  |
| --- | --- |
| **Applying agency** | The name of the agency applying for the loan. |
| **Street address, City, ZIP + 4, Email** | The phone, street address (not PO Box), city, nine-digit zip code, and email of the applying agency. |
| **EIN/Tax ID number** | The unique nine-digit identification number of the agency. Your Financial personnel should be able to provide this number. |
| **DUNS number** | The unique eight-digit identification number of the agency. Your financial personnel should be able to provide this number. |
| **Your name** | The name of the individual completing this application. |
|  |  |
|  |  |
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### Loan point of contact

|  |  |  |  |
| --- | --- | --- | --- |
| **Loan point of contact**  *This is the focal point for any ongoing communications regarding the loans. There is an opportunity to override this contact for any specific loans.* | | | |
| [Name](#poc_name" \o "The name of the contact.                                                                              ) | Click or tap here to enter text. | | |
| [Agency](#poc_agency" \o "The name of the agency of the contact.                                                               ) | Click or tap here to enter text. | | |
| [Title](#poc_title" \o "The title within the agency of the contact.                                                             ) | Click or tap here to enter text. | | |
| [Phone (work)](#poc_phonework" \o "The phone number, street address (not PO Box), city, nine-digit zip code, and email of the contact.                                                                                      ) | Click or tap here to enter text. | [Phone (mobile)](#poc_phonemobile" \o "The non-work phone number of the contact.                                                                  ) | Click or tap here to enter text. |
| [Street address](#poc_address" \o "The street address of the contact's agency.                                                                  ) | Click or tap here to enter text. | | |
| [City](#poc_city" \o "The city where the contact's agency is located.                                                                   ) | Click or tap here to enter text. | [ZIP + 4](#poc_zip" \o "The zip code where the contact's agency is located.                                                                                     ) | Click or tap here to enter text. |
| [Email](#poc_email" \o "The email address of the contact.                                                                            ) | Click or tap here to enter text. | | |

#### Field help

|  |  |
| --- | --- |
| **Name** | The name of the contact. |
| **Agency** | The name of the agency of the contact. |
| **Title** | The title within the agency of the contact. |
| **Phone, Street address, City, ZIP + 4, email** | The phone number, street address (not PO Box), city, nine-digit zip code, and email of the contact. |

### EM program manager

|  |  |
| --- | --- |
| **EM program manager**  *This is the local EM grants manager.* | |
| [Name](#pm_name" \o "The name of the program manager.                                                                  ) | Click or tap here to enter text. |
| [Email](#pm_email" \o "The email address of the program manager.                                                                    ) | Click or tap here to enter text. |

#### Field help

|  |  |
| --- | --- |
| **Name** | The name of the program manager. |
| **Email** | The email address of the program manager. |

### Finance director

|  |  |
| --- | --- |
| **Finance director**  *The signature of the finance director of the agency is required for the memorandum of agreement.* | |
| [Name](#empg_fd_name) | Click or tap here to enter text. |
| [Email](#empg_fd_email) | Click or tap here to enter text. |

##### Field help

|  |  |
| --- | --- |
| **Name** | The name of the finance director. |
| **Email** | The email of the finance director. |

### Loan MOA signatory

|  |  |  |  |
| --- | --- | --- | --- |
| **Loan MOA signatory**  *This is the individual whose name appears on the signature page of the memorandum of agreement. While only one signatory is required, space for an additional signatory is provided. If even more signatories are required, add them in the “Appends” section. There is an opportunity to override this contact for any specific loan.* | | | |
| [Name](#moa1_name" \o "The individual who signs the memorandum of agreement on behalf of the applicant.                                                              ) | Click or tap here to enter text. | | |
| [Agency](#moa1_agency" \o "The agency name of the signatory.                                                                                  ) | Click or tap here to enter text. | | |
| [Title](#moa1_title" \o "The title within the agency of the signatory.                                                                                                ) | Click or tap here to enter text. | | |
| [Street address (not PO Box)](#moa1_address" \o "The street address of the MOA signatory.                                                                                   ) | Click or tap here to enter text. | | |
| [City](#Applicant_City" \o "The city where the agency of the signatory is located.                                                              ) | Click or tap here to enter text. | [ZIP + 4](#moa1_zip" \o "The nine-digit zip code of the signatory.                                                                             ) | Click or tap here to enter text. |
| [Email](#moa1_email" \o "The email address of the signatory.                                                                        ) | Click or tap here to enter text. | | |
|  |  | | |
| [Name](#moa2_name" \o "The individual who signs the memorandum of agreement on behalf of the applicant.                                                      ) | Click or tap here to enter text. | | |
| [Agency](#moa2_agency" \o "The agency name of the signatory.                                                           ) | Click or tap here to enter text. | | |
| [Title](#moa2_title" \o "The title within the agency of the signatory.                                                                                           ) | Click or tap here to enter text. | | |
| [Street address (not PO box)](#moa2_address" \o "The street address of the agency of the signatory.                                                            ) | Click or tap here to enter text. | | |
| [City](#moa2_city" \o "The city where the signatory's agency is located.                                                                         ) | Click or tap here to enter text. | [ZIP + 4](#moa2_zip" \o "The nine-digit zip code of the signatory's agency.                                                                                ) | Click or tap here to enter text. |
| [Email](#moa2_email" \o "The email address of the signatory.                                                                        ) | Click or tap here to enter text. | | |

#### Field help

|  |  |
| --- | --- |
| **Name** | The individual who signs the memorandum of agreement on behalf of the applicant. |
| **Agency** | The agency name of the signatory. |
| **Title** | The title within the agency of the signatory. |
| **Street address, City, ZIP + 4, email** | The street address (not PO Box), city, nine-digit zip code, and email of the signatory. |

## 2 STATE REVOLVING LOANS FOR TEMPORARY CASH ASSISTANCE TO LOCAL GOVERNMENTS – TOTAL PROPOSAL SHALL NOT EXCEED $2,000,000

### Request for loans for temporary cash assistance to local governments limited to cover expenses that are reimbursable by the federal government, including:

* *Expenses fully reimbursable under the Federal Emergency Management Agency’s (FEMA) Public Assistance Program*
* *Expenses fully reimbursable under the FEMA Hazard Mitigation Grant Program (HMGP)*
* *Expenses fully reimbursable under the National Flood Insurance Program (NFIP)*
* *Expenses fully reimbursable by other federal programs*

|  |  |  |
| --- | --- | --- |
| **General information**  *Enter information describing the request for funds.* | | |
| Proposed Expense Type | Click or tap here to enter text. | |
| [Description](#empg_description) of need |  | |
| Expense Amount | Click or tap here to enter text. | |
| Anticipated Expense Date | Click or tap here to enter text. | |
| Estimated Reimbursement Date | Click or tap here to enter text. | |
| Reimbursing Federal Program | Click or tap here to enter text. | |
| **General information**  *Enter information describing the request for funds.* | | |
| Proposed Expense Type | Click or tap here to enter text. | |
| [Description](#empg_description) of need |  | |
| Expense Amount | Click or tap here to enter text. | |
| Anticipated Expense Date | Click or tap here to enter text. | |
| Estimated Reimbursement Date | Click or tap here to enter text. | |
| Reimbursing Federal Program | Click or tap here to enter text. | |
| **General information**  *Enter information describing the request for funds.* | | |
| Proposed Expense Type | Click or tap here to enter text. | |
| [Description](#empg_description) of need |  | |
| Expense Amount | Click or tap here to enter text. | |
| Anticipated Expense Date | Click or tap here to enter text. | |
| Estimated Reimbursement Date | Click or tap here to enter text. | |
| Reimbursing Federal Program | Click or tap here to enter text. | |
| **General information**  *Enter information describing the request for funds.* | | |
| Proposed Expense Type | Click or tap here to enter text. | |
| [Description](#empg_description) of need |  | |
| Expense Amount | Click or tap here to enter text. | |
| Anticipated Expense Date | Click or tap here to enter text. | |
| Estimated Reimbursement Date | Click or tap here to enter text. | |
| Reimbursing Federal Program | Click or tap here to enter text. | |
| **General information**  *Enter information describing the request for funds.* | | |
| Proposed Expense Type | Click or tap here to enter text. | |
| [Description](#empg_description) of need |  | |
| Expense Amount | Click or tap here to enter text. | |
| Anticipated Expense Date | Click or tap here to enter text. | |
| Estimated Reimbursement Date | Click or tap here to enter text. | |
| Reimbursing Federal Program | Click or tap here to enter text. | |
| **General information**  *Enter information describing the request for funds.* | | |
| Proposed Expense Type | Click or tap here to enter text. | |
| [Description](#empg_description) of need |  | |
| Expense Amount | Click or tap here to enter text. | |
| Anticipated Expense Date | Click or tap here to enter text. | |
| Estimated Reimbursement Date | Click or tap here to enter text. | |
| Reimbursing Federal Program | Click or tap here to enter text. | |
| **General information**  *Enter information describing the request for funds.* | | |
| Proposed Expense Type | Click or tap here to enter text. | |
| [Description](#empg_description) of need |  | |
| Expense Amount | Click or tap here to enter text. | |
| Anticipated Expense Date | Click or tap here to enter text. | |
| Estimated Reimbursement Date | Click or tap here to enter text. | |
| Reimbursing Federal Program | Click or tap here to enter text. | |
| **General information**  *Enter information describing the request for funds.* | | |
| Proposed Expense Type | Click or tap here to enter text. | |
| [Description](#empg_description) of need |  | |
| Expense Amount | Click or tap here to enter text. | |
| Anticipated Expense Date | Click or tap here to enter text. | |
| Estimated Reimbursement Date | Click or tap here to enter text. | |
| Reimbursing Federal Program | Click or tap here to enter text. | |
| **General information**  *Enter information describing the request for funds.* | | |
| Proposed Expense Type | Click or tap here to enter text. | |
| [Description](#empg_description) of need |  | |
| Expense Amount | Click or tap here to enter text. | |
| Anticipated Expense Date | Click or tap here to enter text. | |
| Estimated Reimbursement Date | Click or tap here to enter text. | |
| Reimbursing Federal Program | Click or tap here to enter text. | |
| **General information**  *Enter information describing the request for funds.* | | |
| Proposed Expense Type | Click or tap here to enter text. | |
| [Description](#empg_description) of need |  | |
| Expense Amount | Click or tap here to enter text. | |
| Anticipated Expense Date | Click or tap here to enter text. | |
| Estimated Reimbursement Date | Click or tap here to enter text. | |
| Reimbursing Federal Program | Click or tap here to enter text. | |
|  | | |
| **Total Proposed Loan for *Temporary Cash Assistance to Local Governments* – *Not to exceed $2,000,000*** | | |
| Grand Total *– not to exceed $2,000,000* | | Click or tap here to enter text. |
|  | | |

#### Field help

|  |  |
| --- | --- |
| **Proposed Expense Type** | The name of the expense to be covered. The field can be a maximum of 30 characters. |
| [**Description**](#empg_description) **of need** | A brief description of the expense need to be covered by loan funds. |
| **Expense Amount** | Total dollar amount of the expenses to be covered by the loan funds. |
| **Anticipated Expense Date** | Expected date of when the loan funds would be expensed. |
| **Estimated Reimbursement Date** | Estimated date of when the loan funds would be reimbursed by the federal government |
| **Grand Total** | Sum of *Expenses Amounts* proposed to be covered by the loan request – *not to exceed $2,000,000* |

## 4 CERTIFICATION

|  |  |
| --- | --- |
| **Certification**  *Review each certification item and check where appropriate.* | |
| I certify that: | This application includes complete and accurate information.  Submission of the loan proposal does not guarantee funding.  Loan proposals through the State Revolving Loans for Temporary Cash Assistance to Local Governments are for expenses that are reimbursable by the federal government from federal disaster response, recovery, or resiliency programs.  If approved for loan from the State Revolving Loans for Temporary Cash Assistance to Local Governments program, the awarded local government will take every reasonable action to seek reimbursement from the federal government. |

## 5 APPENDICES

Add any information not accommodated by the application form here.

### Information About Current Financial Standing

|  |
| --- |
| **Please complete and submit the “NCORR Application Unit Financial Information” Excel Worksheet. Please be sure to complete all fields for the Interim Current Fiscal Year to Date.** |

### Debt Service

|  |  |
| --- | --- |
| **Current Debt Service** | |
| General Fund Debt Service – FY 2019-20 | Click or tap here to enter text. |
| All non-General Fund Debt Service – FY 2019-20 | Click or tap here to enter text. |

### Insufficient budget to cover Operating Expenses, such as payroll and vendor payments

|  |
| --- |
| **General Description of the Budgetary Challenge**  *Enter additional information in the space below.* |
|  |

### Diminishing tax or enterprise revenues due to outmigration of population or other disruptions to public services

|  |
| --- |
| **General Description of the Budgetary Challenge**  *Enter additional information in the space below.* |
|  |

### Increased risk of not servicing debt payments

|  |
| --- |
| **General Description of Debt Service Challenges**  *Enter additional information in the space below.* |
|  |

### Local Government Approved Budget for FY 2019-20

|  |
| --- |
| **Enter URL for the online published approved budget for FY 2019-20** |
| If your organization does not publish an online budget, please attach a pdf copy of your jurisdiction’s approved budget. |

### Total federally reimbursable expenses for Hurricane Florence

|  |  |  |  |
| --- | --- | --- | --- |
| **Total federally reimbursable expenses may exceed the proposed loan amount. Please share an estimated total of federally reimbursable expenses for Hurricane Florence. This information will be used for assessing total cash flow burden to the local government** | | | |
|  | | **Federal Reimbursement Program** | **Estimated Amount** |
| Total estimated reimbursement | | FEMA Public Assistance | Click or tap here to enter text. |
| Total estimated reimbursement | | FEMA Hazard Mitigation Grant Program | Click or tap here to enter text. |
| Total estimated reimbursement | | National Flood Insurance Program | Click or tap here to enter text. |
| Total estimated reimbursement | | Click or tap here to enter text. | Click or tap here to enter text. |
| Total estimated reimbursement | | Click or tap here to enter text. | Click or tap here to enter text. |
| Total estimated reimbursement | | Click or tap here to enter text. | Click or tap here to enter text. |
| Estimated Grand Total of Federal Reimbursement | | Click or tap here to enter text. | Click or tap here to enter text. |
|  |  | | |

### Documentation for expenses eligible for Federal Reimbursement

|  |
| --- |
| **For local governments applying for a loan under the State Revolving Loans for Temporary Cash Assistance to Local Governments program, please provide documentation defining all funds received since September 14, 2018 or currently pending receipt by federal agencies, i.e. FEMA Public Assistance grant(s), NFIP insurance, USDA loan(s), etc.** |