North Carolina Office of Recovery & Resiliency

State Recovery Grants & Loans for Local Governments Application

Fiscal Year 2019

|  |  |
| --- | --- |
| **Program selection**  *Please select all grants to be considered for this fiscal year. Grants not selected will be treated as a decline of those funds.* | |
| [Grants](#grants_selection_grants" \o "Click on the box for each grant included in this application submission.                                                                           ) | State Grants for Financially Distressed Local Governments  State Revolving Loans for Temporary Cash Assistance to Local Governments |

## 1 CONTACTS

Enter requested information for all contacts listed below.

### Applicant

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| --- | --- | --- | --- |
| **Applicant**  *This is the agency applying for grants.* | | | |
| [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 grants on behalf of the applying agency?](#Applicant_authorized" \o "Select \"Yes\" or \"No\".                                                                                  ) | | | Choose an item. |

#### Field help

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| **Applying agency** | The name of the agency applying for the grant. |
| **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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### Grant/Loan point of contact

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| --- | --- | --- | --- |
| **Grants point of contact**  *This is the focal point for any ongoing communications regarding the grants. There is an opportunity to override this contact for any specific grant.* | | | |
| [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

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| --- | --- |
| **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

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| **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

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

### Finance director

|  |  |
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| **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

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

### Grant/Loan MOA signatory

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| **Grant/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 grant.* | | | |
| [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 Grants for Financially Distressed Local Governments – TotAL Proposal shall not exceed $1,000,000

### Request for grant funds to cover non-disaster-related operating budget expenses, including:

* *General payroll obligations*
* *Payments to vendors for goods and services* ***not related*** *to disaster response and recovery, where nonpayment would result in a negative financial outcome*
* *Debt service payments*

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| --- | --- |
| **General information**  *Enter information describing the request for funds.* | |
| Proposed Expense Type | Click or tap here to enter text. |
| [Description](#empg_description" \o "A detailed description of the project in terms of the capability areas being addressed.  See field help.                                                                          ) of need |  |
| Expense Amount | Click or tap here to enter text. |
| Anticipated Expense Date | 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. |
| **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. |
| **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. |
| **Subtotal – Grant Request for non-disaster-related operating budget expenses** | |
| Subtotal Amount | Click or tap here to enter text. |
|  | |

#### Field help

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| **Proposed Expense Type** | The name of the expense to be covered. The field can be a maximum of 30 characters. |
| **Description of need** | A brief description of the expense need to be covered by grant funds. |
| **Expense Amount** | Total dollar amount of the expenses to be covered by the grant. |
| **Anticipated Expense Date** | Expected date of when the grant funds would be expensed. |
| **Subtotal Amount** | Cumulative sum of the *Expense Amounts* listed above. |

### Request for grant funds to provide one-time capacity building for disaster recovery, including:

* *No more than two disaster recovery-related positions, including salary, benefits, and operating expenses for up to three years.*
* *Contracted services for disaster recovery or agreements with other local governments or the local Council of Government to support disaster recovery efforts for up to three years.*
* *One vehicle to support disaster recovery activities.*

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| **Requested Funds for Position #1**  *Enter information describing the request for funds.* | | |
| Proposed Position | | Click or tap here to enter text. |
| [Description](#empg_description) of Disaster Recovery Support | |  |
| Annual Salary | | Click or tap here to enter text. |
| Annual Benefits | | Click or tap here to enter text. |
| Annual Operating Costs | | Click or tap here to enter text. |
| Total Annual Cost for Position | | Click or tap here to enter text. |
| Cumulative Cost over 3 years | | Click or tap here to enter text. |
| **Requested Funds for Position #2**  *Enter information describing the request for funds.* | | |
| Proposed Position | | Click or tap here to enter text. |
| [Description](#empg_description) of Disaster Recovery Support | |  |
| Annual Salary | | Click or tap here to enter text. |
| Annual Benefits | | Click or tap here to enter text. |
| Annual Operating Costs | | Click or tap here to enter text. |
| Total Annual Cost for Position | | Click or tap here to enter text. |
| Cumulative Cost over 3 years | | Click or tap here to enter text. |
| **Requested Funds for Contracted Services**  *Enter information describing the request for funds.* | | |
| Proposed Contract(s) Type | | Click or tap here to enter text. |
| [Description](#empg_description) of Disaster Recovery Support | |  |
| Annual Anticipated Expenses | | Click or tap here to enter text. |
| Cumulative Cost over 3 years | | Click or tap here to enter text. |
| **Requested Funds for Agreements with other Local Governments or Council of Government**  *Enter information describing the request for funds.* | | |
| Proposed Agreement Expense Type | | Click or tap here to enter text. |
| [Description](#empg_description) of Disaster Recovery Support | |  |
| Annual Anticipated Expenses | | Click or tap here to enter text. |
| Cumulative Cost over 3 years | | Click or tap here to enter text. |
| **Requested Funds for a Vehicle**  *Enter information describing the request for funds.* | | |
| Proposed Vehicle | | Click or tap here to enter text. |
| [Description](#empg_description) of Disaster Recovery Support | |  |
| Expenditure Amount | | Click or tap here to enter text. |
| Anticipated Expense Date | | Click or tap here to enter text. |
| **Subtotal – Grant Request for one-time capacity building for disaster recovery (any *Cumulative Cost over 3 years* + any *Expenditure Amount* for a vehicle)** | | |
| Subtotal Amount | Click or tap here to enter text. | |
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#### Field help

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| **Proposed Position** | The name of the position to be funded. The field can be a maximum of 30 characters. |
| **Proposed Contract(s) Type** | The name(s) of the proposed contracts to be funded. The field can be a maximum of 30 characters. |
| **Proposed Agreement Expense Type** | The name(s) of the proposed agreements with outside organizations to be funded. The field can be a maximum of 30 characters. |
| **Proposed Vehicle** | Type of vehicle to be purchased. |
| **Description of Disaster Recovery Support** | A brief description how this request will specifically support the local government’s disaster recovery effort. |
| **Annual Salary** | Annual direct salary or wage expenditures. |
| **Annual Benefits** | Annual fringe benefits cost for this position. |
| **Annual Operating Costs** | Annual operating costs for this position, including supplies, equipment, and travel expenditures. |
| **Total Annual Cost for Position** | Total of salary, benefits, and operating costs for one year. |
| **Annual Anticipated Expenses** | Total annual expense amount for the contract(s) or agreement(s). |
| **Expenditure Amount** | Anticipated purchase cost of the vehicle. |
| **Cumulative Cost over 3 years** | Total Annual Cost of Position summed over 3 years |
| **Description of Disaster Recovery Support** | Brief description of how the vehicle will support the local government’s disaster recovery efforts. |
| **Anticipated Expense Date** | Expected date of when the grant funds would be expensed. |
| **Subtotal** | Sum of any proposed *Cumulative Cost over 3 years* and proposed *Expenditure Amount* for a vehicle. |

### Total Proposed Grant Amount – Not to exceed $1,000,000

|  |  |
| --- | --- |
| **Total Proposed Grant from the Financially Distressed Local Government Program – *Not to exceed $1,000,000*** | |
| Subtotal Amount for *non-disaster-related operating budget expenses* | Click or tap here to enter text. |
| Subtotal Amount for *one-time capacity building for disaster recovery* | Click or tap here to enter text. |
| Grand Total *– not to exceed $1.000,000* | Click or tap here to enter text. |

#### Field help

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| **Subtotal Amount for *non-disaster-related operating budget expenses*** | Subtotal from Section 2.A. for non-disaster related operating budget expenses |
| **Subtotal Amount for *one-time capacity building for disaster recovery*** | Subtotal from Section 2.B. for one-time capacity building for disaster recovery |
| **Grand Total** | The sum of all of the amounts – not to exceed $1,000,000 |
|  |  |

## 3 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 National Flood Insurance Program (NFIP)*
* *Expenses fully reimbursable by other federal programs*

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| --- | --- | --- |
| **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. |
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#### Field help

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| **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

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| **Certification**  *Review each certification item and check where appropriate.* | |
| I certify that: | This application includes complete and accurate information.  Submission of the grant/loan proposal does not guarantee funding.  Grant proposals through the State Grants for Financially Distressed Local Governments **do not** include expenses that are federally reimbursable through federal disaster response, recovery, or resiliency programs.  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.

### Available General Fund Balances

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| --- |
| **Please complete and submit the “FBA Calculation NCORR Application” Workbook. Please be sure to complete all three worksheets: Prior FYE, Interim Current FY to Date, and Projected FBA Current FYE.** |

### Debt Service

|  |  |
| --- | --- |
| **Current Debt Service** | |
| General Fund Debt Service – FY 2018-19 | Click or tap here to enter text. |
| All non-General Fund Debt Service – FY 2018-19 | 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 2018-19

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| --- |
| **Enter URL for the online published approved budget for FY 2018-19** |
|  |

### Brief Position Descriptions for Requested Grant Funds

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| --- |
| **For local governments applying for a grant under the State Grants for Financially Distressed Local Governments program, please attach brief position descriptions for any disaster recovery positions proposed in your application package.** |

### 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 | | 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. |
| 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

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| --- |
| **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.** |