
F. Application Instructions

F.1 COMMUNICATIONS REGARDING THIS PROJECT

Please direct all communications regarding the NOFO process to:
chattanooga@fedgrantassist.com

All communications/questions concerning this NOFO must be submitted via email referencing the specific paragraph and page number. A copy of this NOFO application and any additional documentation may be found at the City's website at: <https://recovery.chattanooga.gov/>

F.2 SCHEDULE

The following is the anticipated schedule for the NOFO Process:

Issue NOFO:	April 29, 2022
Applicant Informational Session – Recommended. Session will be taped and available on the website with 2 business days.	May 3, 2022 at 1:00 PM EST*
Applicant Informational Session – In-Person at The Edney Building - 5th Floor 1100 Market St, Chattanooga, TN 37402	May 9, 2022 at 5:00 PM EST
Deadline to Submit Questions & Request Feedback	May 20, 2022
Response to Questions and Feedback Requests	May 27, 2022
Final Application Submission Deadline	June 3, 2022 5:00 PM EST
Notice of Intent to Award	July 8, 2022
Recommended Awards Submitted to City Council	July 12, 2022
Funding Must Be Expended by	December 31, 2024

**Please register for ARPA Grant Applicant Informational Session on May 3rd, 2022, 1:00 PM at: <https://tinyurl.com/ARPATA>*

After registering, you will receive a confirmation email containing information about joining the webinar.

F.3 SUBMITTING AN APPLICATION

Each Organization seeking consideration for relief funds related to this NOFO must submit a response. All applications and supporting documents must be submitted electronically to:

chattanooga@fedgrantassist.com

Fax or hard copy applications will not be accepted.

Completed applications must be submitted in their entirety by 5:00 PM on

the HATTANOOGA EQUITABLE RECOVERY | NOTICE OF FUNDING OPPORTUNITY

date indicated in [Section 3.2](#) (Schedule). Applications received after the scheduled date/time will not be considered. All supporting materials and documentation must be included with the application.

F.4. REQUIRED APPLICATION CONTENTS

Proposers are required to submit the following information in their application:

1. Tennessee Secretary of State Business Filing (Certificate of Good Standing)
2. Previous Year Federal Business Tax Return (2021 if filed, or 2020 return if 2021 extension has been filed)
3. W-9
4. Complete the Application in Section H
5. Your organization's Policy on Equity and Diversity
6. Detailed budget for project/program, including all related proposed expenses
7. Any additional relevant documents regarding project/program.

F.5 REJECTION OF APPLICATION

The City reserves the right to reject any and all applications, to waive any irregularities in an application, or to accept the application(s) which in the judgment of proper officials, is in the best interest of the City. The City reserves the right to accept a part or parts of an application unless otherwise restricted in the NOFO or issue subsequent NOFOs. The City reserves the right to approve or reject any sub-Firms proposed for work under this application or waive any minor irregularities

F.6 COMPETITIVE AWARD

All federal, state, and local laws regarding competitive bidding, anti-competitive practices, and conflict of interest shall be applicable to this NOFO. The City does not guarantee that any contract will be awarded because of this NOFO. If a contract award is made but the contract is not executed, the City does not guarantee that the contract will be re-awarded.

G. Evaluation Criteria

The selection committee will evaluate each application submitted based on the criteria identified Exhibit F. Also, see Section A, the CERC Framework Report, and Section I Exhibit I.4 for detailed information concerning the eligible activities.

Applicants shall not assume that any information shared with the City prior to this NOFO will be considered in the evaluation process of this NOFO. The evaluation team may or may not have prior knowledge of any discussions and processes. Evaluation will be completed on the information submitted in response to the NOFO only; unless a presentation or clarification is requested. Should this occur, all of these factors will be used to determine the outcome.

See Evaluation Score Card Section I Exhibit I.4.

H. Application

PART 1 GENERAL INFORMATION

Primary Contact Person

First Name: _____ Last Name: _____
Title within the Applicant
Organization _____

Phone: _____ Email Address: _____

Address - Line 1: _____

Address - Line 2: _____

City: _____ State: _____ Zip: _____

Applicant Organization

Organization Name: _____

Website: _____

Phone Number: _____ Email Address: _____

TIN: _____ SAM #: _____

Address - Line 1: _____

Address - Line 2: _____

City: _____ State: _____ Zip: _____

Organization Mission Statement

Vision Statement

PART 2 PROJECT INFORMATION

1. Project Objective (Please state your project’s overall objective in 100 words or less.)

2. What is the location (address and neighborhood/neighborhoods) of your proposed project? Be as specific as possible. Preference will be given to those projects that are shown to benefit the City of Chattanooga residents and community partners.

3. How many individuals of what type does your project seek to serve? Please describe the size and characteristics of the target population for your project using demographic criteria such as age, race, ethnicity, income level, gender, etc.

4. Is this a new, existing, or changed project? _____

PART 2 PROJECT INFORMATION (CONT.)

5. Please provide a comprehensive overview over your project in 500 words or less.

PART 2 PROJECT INFORMATION (CONT.)

Framework Criteria

6. Select the Impact Area that best fits your organization's application

- Ensure Accessible Housing Options for All Chattanoogaans
- Build a Universal Path to Early Learning and Provide High Quality Childcare
- Close the Gaps in Public Health & Public Safety
- Build a Competitive Regional Economy

7. In 250-300 words, describe how your project will improve the impact area selected in question 6 and contribution to economic growth in the Black and Latin American origin or descent community.

8. Does this application involve construction or remodeling/ renovation? Yes No

9. Does this application involve vehicle or equipment acquisition? Yes No

10. Does this application involve the provision of funds directly to subgrantees? (e.g. a lending program, revolving loan fund, grants to individuals or organizations, etc.) Yes No

11. Does the application involve funding a position within your organization? Yes No

12. Does this application involve funding a program that is envisioned to continue beyond 2024? Yes No

PART 2 PROJECT INFORMATION (CONT.)

13. What is the estimated completion date of your project? (Assume funding is awarded in Q3 of 2022) _____

14. In 250 words or less, how will you attract community buy-in or target group participation for your project?

ARPA Eligibility

15. Select the Federal “Funding Use” that best fits your organization’s application:
- To respond to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19)
 - To respond to the public health emergency with respect to its negative economic impacts,
 - To provide assistance to households, small businesses, and nonprofits, or
 - To aid to impacted industries such as tourism, travel, and hospitality.

16. In 250-300 words, describe how your project fits into the “Funding Use” selected in question 15.

PART 2 PROJECT INFORMATION (CONT.)

Please select the Expenditure Categories (you may choose more than one) that best fit your application.

COVID-19 Mitigation & Prevention

- 1.1 COVID-19 Vaccination
- 1.2 COVID-19 Testing
- 1.3 COVID-19 Contact Tracing
- 1.4 Prevention in Congregate Settings (Nursing Homes, Prisons/Jails, Dense Work Sites, Schools, Child care facilities, etc.)*
- 1.5 Personal Protective Equipment
- 1.6 Medical Expenses (including Alternative Care Facilities)
- 1.7 Other COVID-19 Public Health Expenses (including Communications, Enforcement, Isolation/Quarantine)
- 1.8 COVID-19 Assistance to Small Businesses
- 1.9 COVID-19 Assistance to Non-Profits
- 1.10 COVID-19 Aid to Impacted Industries

Community Violence Interventions

- 1.11 Community Violence Interventions

Behavioral Health

- 1.12 Mental Health Services
- 1.13 Substance Use Services

Other

- 1.14 Other Public Health Services

Assistance to Households

- 2.1 Household Assistance: Food Programs*^
- 2.2 Household Assistance: Rent, Mortgage, and Utility Aid
- 2.3 Household Assistance: Cash Transfers
- 2.4 Household Assistance: Internet Access Programs
- 2.5 Household Assistance: Paid Sick and Medical Leave
- 2.6 Household Assistance: Health Insurance
- 2.7 Household Assistance: Services for Un/Unbanked
- 2.8 Household Assistance: Survivor's Benefits
- 2.9 Unemployment Benefits or Cash Assistance to Unemployed Workers
- 2.10 Assistance to Unemployed or Underemployed Workers (e.g. job training, subsidized employment, employment supports or incentives)
- 2.11 Healthy Childhood Environments: Child Care
- 2.12 Healthy Childhood Environments: Home Visiting
- 2.13 Healthy Childhood Environments: Services to Foster Youth or Families Involved in Child Welfare System

- 2.14 Healthy Childhood Environments: Early Learning
- 2.15 Long-term Housing Security: Affordable Housing
- 2.16 Long-term Housing Security: Services for Unhoused Persons
- 2.17 Housing Support: Housing Vouchers and Relocation Assistance for Disproportionately Impacted Communities
- 2.18 Housing Support: Other Housing Assistance
- 2.19 Social Determinants of Health: Community Health Workers or Benefits Navigators
- 2.20 Social Determinants of Health: Lead Remediation
- 2.21 Medical Facilities for Disproportionately Impacted Communities
- 2.22 Strong Healthy Communities: Neighborhood Features that Promote Health and Safety
- 2.23 Strong Healthy Communities: Demolition and Rehabilitation of Properties
- 2.24 Addressing Educational Disparities: Aid to High-Poverty Districts
- 2.25 Addressing Educational Disparities: Academic, Social, and Emotional Services
- 2.26 Addressing Educational Disparities: Mental Health Services
- 2.27 Addressing Impacts of Lost Instructional Time
- 2.28 Contributions to UI Trust Funds

Assistance to Small Businesses

- 2.29 Loans or Grants to Mitigate Financial Hardship^
- 2.30 Technical Assistance, Counseling, or Business Planning
- 2.31 Rehabilitation of Commercial Properties or Other Improvements^
- 2.32 Business Incubators and Start-Up or Expansion Assistance
- 2.33 Enhanced Support to Microbusinesses

Assistance to Non-Profits

- 2.34 Assistance to Impacted Nonprofit Organizations (Impacted or Disproportionately Impacted)

Aid to Impacted Industries

- 2.35 Aid to Tourism, Travel, or Hospitality
- 2.36 Aid to Other Impacted Industries

PART 3 PROJECT EVIDENCE AND IMPACT

The purpose of this section is to understand the evidence and research that the program is based upon to provide context for the basis of the program design and how success of these funds will be measured during the project duration and upon closing of the State and Local Fiscal Recovery Fund grant after 2024.

13. Please list four (4) key outcomes and metrics of the program along with relevant data for those outcomes.

EXAMPLE:

Outcome:	Premium pay for essential childcare workers will attract more workers to provide services to a larger number of children.
Metric:	Worker to child ratio (Currently 1:7)

13.1

Outcome:	
Metric:	

13.2

Outcome:	
Metric:	

13.3

Outcome:	
Metric:	

13.4

Outcome:	
Metric:	

PART 4 PROJECT SCHEDULE

14. Please list your milestones by quarter for the planned duration of your project in the chart below. If there will be no activity completed in the quarter, please leave the cell blank.

EXAMPLE:

Quarter 3 2022

Select an architectural and engineering firm to design 6 units of affordable housing at 80% AMI on 1 acre.

Quarter 4 2022

Complete Design Development phase documents and apply for any required variances with the City.

Quarter 3 2022

Quarter 4 2022

Quarter 1 2023

Quarter 2 2023

Quarter 3 2023

Quarter 4 2023

Quarter 1 2024

Quarter 2 2024

Quarter 3 2024

Quarter 4 2024

PART 5 FUNDING INFORMATION

Funding

15. Do you have any matching funding sources from other local governments, private entities, non-profits, or philanthropic entities for your project? If so please describe the source and list amounts of any other funding in the space below.

16. What percentage of the project are you asking the city to fund? _____

17. Please use the space below to briefly describe how you arrived at the cost estimate for your project.

EXAMPLE: We considered that on average our staff is made up of single parents with 2 children. We collect average cost of living for 1 adult and 2 children within a 20minute driving radius, which aligns with the area in which our employees currently work. We assumed a full-time, 40/hr per week position to arrive at an hourly salary of \$X.

PART 5 FUNDING INFORMATION (CONT.)

APPLICATION BUDGET OVERVIEW

List the budgetary line items that will be used for this grant. Amount should be equal to or less than the grant award.

Line Item	Assumptions (See p. 35 for Instructions)	AMOUNT REQUESTED FROM THE CITY	Total Budget Amount
Salaries		\$	\$
Fringe Benefits		\$	\$
Accounting / Audit fee		\$	\$
Repairs and Maintenance		\$	\$
Insurance		\$	\$
Marketing/Advertising		\$	\$
Phone		\$	\$
Postage		\$	\$
Printing		\$	\$
Rent		\$	\$
Supplies		\$	\$

Line Item	Assumptions (See p. 35 for Instructions)	AMOUNT REQUESTED FROM THE CITY	Total Budget Amount
Technology and Computer Equipment		\$	\$
Training		\$	\$
Travel		\$	\$
Land Acquisition		\$	\$
Design Services		\$	\$
Environmental Services		\$	\$
Construction (Material & Services)		\$	\$
Contingency		\$	\$
Other (specify):		\$	\$
Other (specify):		\$	\$
Total		\$ _____	\$ _____

PART 5 FUNDING INFORMATION (CONT.)

EXAMPLE: Budget Assumptions for the ARPA Grant Application Detailed Budget

Budgetary Line Item	Cost Principle Considerations	Assumption Examples
Personnel	Rates are reasonable. §200.430 Compensation: Personal Services	# of positions, pay rate, labor category, # of hours and employee years of experience.
Fringe Benefits	Reasonable rate, allowable fringe pool, §200.431 Compensation—Fringe Benefits.	Fringe pool (accounts), rate and effective date.
Travel	Reasonable (consistent with Federal Travel Regulations “FTR”), allowable purpose, allocable for the ARPA related activities, §200.474 Travel Costs	Purpose of travel, # of participants and itemized costs.
Supplies	Allowable, allocable for the ARPA related activities, reasonable costs/quantity	Itemized list (including quantity, unit, rate), use/purpose and costs.
Training	Allowable under §200.474 Training and Education and §200.432 Conferences	Purpose of training, rates, # of hours/fixed fee and services provided.
Equipment	Allowable consistent with §200.439 Equipment and other capital expenditures.	Itemized list (including quantity, unit, rate), use/purpose and costs.
Meals	Allowable, allocable for the ARPA related activities, reasonable (consistent with per diem requirements under FTR)	Purpose, # of participants and itemized costs.
Occupancy	Allowable under §200.465 Rental costs of real property and equipment, for the ARPA related activities, reasonable (FMV)	Rationale/justification, allocation methodology (based on square footage for # of individuals working on the ARPA grant) and FMV of rental costs.
Stipends	Allowable under Uniform Guidance Subpart E, allocable for the ARPA related activities, reasonable and necessary	Purpose, rates, # of participants and services provided.
Land Acq., Design & Environmental Services Construction	Allowable under § 200.439 Equipment and other capital expenditures.	\$ per SQ FT of acquired land, Construction type, proposed occupancy type, \$ per SQ FT of Finished Space, % for design services
Contingency	Allowable under § 200.433 Contingency provisions.	
All other Costs (Postage, printing, delivery, etc.)	Allowable under Uniform Guidance Subpart E, allocable for the ARPA related activities, reasonable and necessary	Rationale/justification, costs, allocation methodology and purpose.