**APPLICATION**

**Section I—Eligibility (2 pages)**

Applicants must demonstrate that they are eligible to apply prior to having their application reviewed. Applications that do not meet requirements in this section will be disqualified from the competition and not forwarded to reviewers.

1. **Organization Type**

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| 1. Are you an organization that was established in Mississippi or serving Mississippians prior to September 1, 2020? ***All entities must sign the Assurances found in Forms and attach as Appendix A.***   Yes  No   1. Please indicate the applicant’s organization type.   LEA  IHE  Education-related entity  State agency qualifying under GEER  County or local government agency, other than a public library or community center, qualifying under GEER  Private entity directly providing early intervention services under Part C of the Individuals with Disabilities Education Act (IDEA)  Education-related non-profit (501c3)  Non-public, non-profit elementary, secondary and postsecondary school (501c3)  For-profit elementary, secondary and postsecondary school  Charter management organization (501c3)  Non-profit childcare center (501c3)  For-profit childcare center  Public library (501c3 or local government)  Community center (501c3 or local government)  ***If a state agency, or county or local government agency,*** please ***attach in Appendix B*** a letter on official letterhead attesting that this application is duly filed. The letter must be signed by the state agency head or head of the county or local government unit under which the applicant is organized.  ***If a non-profit entity,*** provide evidence that the entity is a legally incorporated non-profit falling into one of the above required categories by ***attaching in Appendix B*** the organization’s 501c3 determination letter *and* 1) the entity’s most recent Mississippi Charitable Registration renewal filing (or initial filing prior to September 1, 2020) *and* its Certificate of Registration approved within the last 12 months by the Mississippi Secretary of State *or* 2) documentation that the non-profit is exempt from the Charitable Registration.  ***If a for-profit entity***, provide evidence that the entity is a legally incorporated for-profit elementary, secondary, or post-secondary school or a for-profit childcare center by ***attaching in Appendix B*** the entity’s most recent Annual Report approved by the Mississippi Secretary of State’s office *or* Certificate of Formation approved by the Secretary of State’s office if issued within the last 12 months (but prior to September 1, 2020), *and* most recent state tax return, if organization has been in operation 12 months. |

1. **Application Type**

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| 1. Write a brief (no more than 500 words) executive summary of the program contained in the application (i.e., an executive summary for the selected Priority Task). Remember that you must file a separate application for each Priority Task to which you plan to respond.   Click or tap here to enter text. |

**Section II—Overview (3 pages)**

All applicants must complete this section.

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| 1. Please respond to the appropriate question:    1. If the applicant is a non-profit, a for-profit, or affiliated with an IHE, please provide a brief history and overview of the organization. Include the size of the organization in terms of its personnel and annual budget and describe the organization’s typical revenue sources, service area, persons typically served, and primary activities.    2. If the applicant is a school district, please list the district’s accountability rating for the 2018-2019 school year and a brief overview of the district. Include the size of the district in terms of students and personnel and annual budget and describe the district’s typical revenue sources, and children typically served. *If the district has been taken over by the state in the last five years*, please list the year the district went into state takeover (district of transformation and/or Achievement School District) and its current status.    3. If the applicant is a unit of a county or local government, including a public library or community center, please provide a brief history of the unit since 2010. Include the size of the unit in terms of its personnel and annual budget and describe the unit’s typical revenue sources, service area, persons typically served, and primary activities.    4. If the applicant is a state agency, please provide a brief history, since 2010, of the office which will be managing this program. Include the size of the office in terms of its personnel and annual budget and describe the office’s typical revenue sources, service area, persons typically served, and primary activities.   Click or tap here to enter text. |

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| 1. Please describe the applicant’s experience in successfully managing grant programs from a financial perspective. Include the number and type of grants, especially federal or state grants or subgrants, as well as details about the timeliness of reporting and drawdowns, whether the project was within budget, and the findings of any related audits.   Click or tap here to enter text.  Has the entity ever been suspended or disbarred, or is the entity currently suspended or disbarred, from receiving federal grant money?  Click or tap here to enter text. |

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| 1. What type of financial accounting system does the applicant use?   Cash  Accrual  Please describe how the organization’s financial procedures and internal controls prevent the likelihood of fraud and enable good fiscal stewardship. Include as ***Appendix C the applicant’s Schedule of Findings and Questioned Costs*** from its most recent audit. **If the entity has no recent audit**, please attach any relevant documentation attesting to the strength of the organization’s financial procedures and internal controls.  Click or tap here to enter text. |

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| 1. Please list who manages the finances of the organization, specifying whether the individuals are staff or contractors and what their roles are. Describe their qualifications.   Click or tap here to enter text. |

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| 1. Which statement best describes how the organization tracks grant funds from a specific source?   We track all funds separately by source as a routine practice.  We have the capability to track funds separately by source but only do so when asked by the funder.  We do not have the capability to track funds separately by source and do not do so.  We have only ever had one source of funds.  If the organization has the capability to track funds separately by source, describe how the organization does so and the ease with which the entity can provide reporting on a grant, including the type of program used for accounting.  Click or tap here to enter text. |

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| 1. Which statement best describes how the entity’s financial statements are internally reviewed for accuracy and approved?   Financial statements are reviewed and approved by the head of the entity or unit *at least monthly* and reviewed and approved *at least quarterly* by a board or other oversight body.  Financial statements are reviewed and approved by the head of the entity or office *at least monthly* but not reviewed and approved by a board or other oversight body, either *at least quarterly or otherwise*.  Financial statements are reviewed and approved *less frequently than monthly* by the head of the entity or unit.  Financial statements are *not routinely reviewed* or are only reviewed for accuracy through audits.  Please describe the process by which the organization reviews financial statements for accuracy, including which staff or contractors are involved.  Click or tap here to enter text. |

**Section III—Response to Priority Task (15 pages)**

**Priority Task:** Choose an item.

1. **Capacity to Fulfill the Duties of the Applicant**

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| 1. Please describe the previous success the applicant has had in implementing programs related to the selection Priority Task. Include the history of these efforts, the size of these efforts, and the outcomes associated with these efforts.   Click or tap here to enter text. |

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| 1. Please identify key personnel (organizational and program leaders ONLY), their roles in this program, and their qualifications. ***Please attach resumes of key personnel in Appendix D.***   Click or tap here to enter text. |

1. **Proposed Program**

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| 1. Please describe in detail the services or activities that the applicant will provide, implement, or conduct as part of this proposal.   Click or tap here to enter text.  List the goals of the project by the end of the project period and how success will be measured.  Click or tap here to enter text. |

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| 1. What modifications to typical implementation will the applicant make or need to make due to COVID-19? What evidence does the applicant have of the efficacy of these modifications? If no modifications are necessary by the applicant or partners, please describe how the proposed program model meets the needs of the pandemic moment.   Click or tap here to enter text. |

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| 1. Proposed services or activities must be new, unique, or additional to the entity’s services or activities already supported by CARES or other funding source. If the applicant or any of the applicant’s prospective partners have any CARES source or other funding source for this work, describe how the services proposed in this application are new, unique, or additional. If the applicant or the applicant’s prospective partners do not and will not receive CARES or other funding for this program, please make this clear in the response.   Click or tap here to enter text. |

1. **Students or Program Recipients Affected**

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| 1. How many students or program recipients will be affected by the applicant’s services or activities? Please explain your answer in detail. Include information about the expected demographics of students or program recipients reached.   Click or tap here to enter text. |

1. **Special Populations**

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| 1. How will the applicant’s proposed program support special populations?   Click or tap here to enter text. |

1. **Required Qualifications and Number of Staff or Contractors**

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| 1. What qualifications are required of applicant staff or contractors to provide services?   Click or tap here to enter text. |

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| 1. Does the applicant already have staff or contractors to provide services? If so, describe how many staff persons or contractors applicant will provide to this project as well as their qualifications. If additional staff or contractors must be hired, please quantify how many additional staff or contractors must be hired as well as the applicant’s hiring timeline and process to enable the applicant to have enough qualified staff at the beginning of the project period.   Click or tap here to enter text. |

1. **Dates and Duration of Service**

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| 1. When does the applicant plan to start the proposed activities? How long will the proposed activities last? Provide any other details to explain the duration of the applicant’s program model, including the number of hours per day, days per week, and total weeks.   Click or tap here to enter text. |

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| 1. Will service provision or activities be “complete” within the time frame provided? If not, what sustainability plan does the applicant have to ensure students or program recipients can complete the intervention?   Click or tap here to enter text. |

1. **Health and Safety**

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| 1. If the applicant proposes to provide services or activities in person, how will the applicant ensure the safety of employees, partners, and students or program recipients served?   Click or tap here to enter text. |

**Section IV—Budget & Narrative (6 pages)**

* + 1. **Budget Summary Table**
    2. Complete the Budget Summary Table in the provided Excel document. Only edit the cells shaded in yellow; the others will auto-calculate. Enter the indirect costs as a whole number corresponding to the correct percentage—i.e., 15 for 15%—as the cell is formatted for percentages. ***Attach the completed table as Appendix E.***
    3. **Budget Narrative**

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| * + - 1. Salaries, Wages, and Benefits   Name the positions being funded, their role in the proposal, and the formulas used to determine salaries/wages and benefits.  Click or tap here to enter text. |
| Amount Paid through GEER Funds: Click or tap here to enter text.  Amount Paid through Other Funds: Click or tap here to enter text. |

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| * + - 1. PPE and Sanitation   Describe costs related to providing PPE to program employees and recipients as well as costs related to cleaning and sanitizing the facility.  Click or tap here to enter text. |
| Amount Paid through GEER Funds: Click or tap here to enter text.  Amount Paid through Other Funds: Click or tap here to enter text. |

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| * + - 1. Program Equipment or Technology   Describe the equipment and technology to be purchased, the need for the purchases, and cost calculations for the purchases.  Click or tap here to enter text. |
| Amount Paid through GEER Funds: Click or tap here to enter text.  Amount Paid through Other Funds: Click or tap here to enter text. |

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| * + - 1. Program Supplies   Describe the supplies to be purchased, the need for the supplies, and cost calculations.  Click or tap here to enter text. |
| Amount Paid through GEER Funds: Click or tap here to enter text.  Amount Paid through Other Funds: Click or tap here to enter text. |

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| * + - 1. Funds Provided to Third Parties, Including Contracts or Student Financial Aid   Describe funds provided to third parties (such as contracts with service providers or grants to students). If services or activities essential to the proposed program are to be provided by third parties, describe the qualifications of the partner/third party and the services/activities to be provided.  Click or tap here to enter text. |
| Amount Paid through GEER Funds: Click or tap here to enter text.  Amount Paid through Other Funds: Click or tap here to enter text. |

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| * + - 1. Training and Professional Development   Describe the nature and purpose of the PD, the need for the PD, the provider of the PD, and cost calculations.  Click or tap here to enter text. |
| Amount Paid through GEER Funds: Click or tap here to enter text.  Amount Paid through Other Funds: Click or tap here to enter text. |

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| * + - 1. Other   Describe any other expected purchase. Justify the expense.  Click or tap here to enter text. |
| Amount Paid through GEER Funds: Click or tap here to enter text.  Amount Paid through Other Funds: Click or tap here to enter text. |

1. **Revenue**
   * 1. Complete the Revenue Table in the provided Excel document to explain expected revenue. Only edit the cells shaded in yellow; the others will auto-calculate. Remember, cash revenue must be enough to cover expected expenses. ***Attach the table as Appendix F.***

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| * + 1. If your budget relies on “Other Funds” to balance, please describe in detail what these other funds are and where they come from.   Click or tap here to enter text. |