**SUBMISSION INSTRUCTIONS:**

Completed applications must be submitted to DFA-IGS postmarked no later than **Monday,** **October 10, 2022,** via U.S. Postal Service to the following address:

**Arkansas Department of Finance and Administration (DFA)**

**Office of Intergovernmental Services (IGS)**

**Attn: JAG/CESF-COVID-19**

**1515 West 7th Street, Suite 404**

**Little Rock, AR 72201**

**Or**

**Electronic Submission by Monday, October 10, 2022**

[**IGS.Applications@dfa.arkansas.gov**](mailto:IGS.Applications@dfa.arkansas.gov)

**Requirement for EO 12372: Completed Applications and the Completed 424SF Must Be Submitted to the State Clearinghouse electronically at the following email:**

[**igsclearinghouse@dfa.arkansas.gov**](mailto:igsclearinghouse@dfa.arkansas.gov)

**APPLICATION CHECKLIST:**

* Applicant’s Disclosure of Other COVID-19 Funding
* DFA-IGS Certification/Signature Page
* Request for Application (RFA)-Forms
* Budget Justification Narrative Forms (included with RFA form)
* Budget Detailed Line-Item Forms (included with RFA form)
* Standard Assurances (federal)
* Certification Regarding Debarment, Suspension, (federal)
* Certification Regarding Lobbying. Debarment, Suspension (federal)
* EEOP Certification (federal)
* SF 424 (federal)
* Assurances Non-Construction SF424B (federal)
* W-9 Form and Instructions
* Voided Check (Blank)
* Screen Shot or Printout of UEI and Expiration
* Application Submitted to State and Regional Clearinghouses

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| **NAME OF AGENCY/ORGANIZATION** |

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| --- | --- |
| **DFA-IGS CERTIFICATION/SIGNATURE PAGE** | |
| As the Authorized Officials of the organization, I/We certify that the request and awarded amount will be utilized according the U.S. Department of Justice (DOJ)*,* Office of Justice Programs (OJP)*,* Bureau of Justice Assistance (BJA) Coronavirus Emergency Supplemental Funding Program guidelines and **Statutory Authority:** The CESF Program is authorized by Division B of H.R. 748, Pub. L. No. 116­136 (Emergency Appropriations for Coronavirus Health Response and Agency Operations); 28 U.S.C. 530C. All funds will be utilized to prevent, prepare for, and/or respond to the Coronavirus of impacted areas. Funds will not be utilized to supplant and/or for duplicating previous reimbursed expenses. I understand and agree by accepting an award with DFA/IGS, the organization will comply with the required use, financial reporting and tracking of expenditures as deemed by federal and state requirements. **Further, I certify that expenses to be claimed under this subgrant (if awarded) has not be claimed or paid from other federal funding sources.** | |
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| **AUTHORIZED OFFICIAL SIGNATURE** | **DATE** |
|  |  |
|  |  |
| **FISCAL OFFICER/TREASURER SIGNATURE** | **DATE** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| APPLICATION NO.  ASSIGNED BY DFA-IGS | | | | | | |  | | | | | | |
| 1. APPLICANT/ORGANIZATION | | | |  | | | | | | | | | | | | | | | | | | |
| 1. PHYSICAL ADDRESS | | | |  | | | | | | | | | | | | | | | | | | |
| 1. MAILING ADDRESS | | | |  | | | | | | | | | | | | | | | | | | |
| 1. CITY | | | |  | | | | | | | | | | 4a. ZIP CODE | | | |  | | | | |
|  | | | | | | |  | | | | |  | | | | |  | | | | | |
| 1. FEDERAL IDENTIFICATION # (EMPLOYER IDENTIFICATION NUMBER) | | | | | | |  | | | | | 1. UEI# | | | | |  | | | | | |
| 1. SAM.gov REGISTRATION CURRENT? YES/NO) | | | | | | | |  | | | 7a. SAMs EXPIRATION DATE | | | | | | | |  | | | |
| 1. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? (YES/NO) | | | | | | | | | | | | | | | | | | | |  | | |
| 1. AUTHORIZED OFFICIAL (NAME/TITLE)/PHONE/EMAIL   *(Authorized Official: i.e., Mayor or County Judge, Highest Elected/Appointed Official, Agency Secretary/Director)* | | | | | | | | | |  | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | |
| 1. PROPOSED USE OF FUNDS | | |  | | | | | | | | | | | | | | | | | | | |
| 1. AMOUNT OF FUNDS REQUESTED | | | | | **$** | | | | | | | | | |  | | | | | | |
| 1. HAS YOUR AGENCY RECEIVED CESF/COVID-19 FUNDING PREVIOUSLY FROM DFA-IGS? (YES/NO) | | | | | | | | | | | | | | | | |  | | | | | |
| 1. WOULD THE FEDERAL FUNDS BEING REQUESTED REPLACE PRIOR LOCAL OR STATE SUPPORT FOR THIS PROJECT? (YES/NO) | | | | | | | | | | | | | | | | | | | |  | | |
| 13a. IF YES, EXPLAIN: | |  | | | | | | | | | | | | | | | | | | | | |
| 1. W-9 FORM SUBMITTED. (YES/NO) | | | | | |  | | | | | | | 14a. VOIDED CHECK SUBMITTED? (YES/NO) | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | |
| 1. CONTACT PERSON   (NAME/TITLE) |  | | | | | | | | | | | | | | | | | | | | | |
| 1. EMAIL ADDRESS |  | | | | | | | | | | | | | | | | | | | | | |
| 1. OFFICE PHONE |  | | | | | | | | | | | | 17a. ALTERNATE PHONE | | | |  | | | | | |
| 1. ALTERNATE CONTACT PERSON   (NAME/TITLE) | | | | |  | | | | | | | | | | | | | | | | | |
| 1. EMAIL ADDRESS | | | | |  | | | | | | | | | | | | | | | | | |
| 1. OFFICE PHONE |  | | | | | | | | | | | | 20a. ALTERNATE PHONE | | | |  | | | | | |

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| **CORONAVIRUS EMERGENCY SUPPLEMENTAL PROGRAM** |

| **TYPE OF PROJECT** | |  | **LIST THE PROPOSED FOCUS/TARGETED AREAS** |  |
| --- | --- | --- | --- | --- |
|  | State Agency |  | (Counties and/or Cities Affected) |  |
|  | Local Jurisdictions |  |  |
|  | County |  |  |
|  | Municipality |  |  |
|  | Other (explain) |  |  |
|  |  |  |  |

**BUDGET REQUEST INFORMATION:** JUSTIFICATION NARRATIVE

| **BUDGET REQUEST INFORMATION-001**  JUSTIFICATION NARRATIVE  **EXPENDITURE PERIOD END DATE: JANUARY 30, 2023** |
| --- |
| (Enter Narrative Justification Here:  *The Box Will Expand as You Type. You May Submit/Attach a Separate Sheet*) |

**BUDGET REQUEST INFORMATION:** DETAILED LINE- ITEM BUDGET

| **BUDGET REQUEST INFORMATION-002**  DETAILED LINE- ITEM BUDGET  **EXPENDITURE PERIOD END DATE: JANUARY 30, 2023**  (You can insert additional rows if needed) | | |
| --- | --- | --- |
| **CATEGORY-LINE ITEMS** | **REQUESTED AMOUNT** | **TO BE USED BY WHO** |
| **PERSONNEL PROTECTIVE EQUIPMENT** | | |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
| **TECHNOLOGY/EQUIPMENT** | | |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
| **TECNOLOGY SOFTWARE/UPGRADES-SERVERS-WEBSITES** | | |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
| **CLEANING CONTRACTS** | | |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
| **OTHER PROFESSIONAL SERVICES-CONTRACTS** | | |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
| **ENHANCED RESOURCES/DEVELOPMENT OF TOOLS** | | |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
| **TRAININGS (BE SPECIFIC)** | | |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
| **BUILDING/FACILITY ISOLATIONS** | | |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
| **OTHER EQUIPMENT (BE SPECIFIC)** | | |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
| **STAFFING/EXTRA HELP** | | |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
| **OTHER** | | |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
| *Enter Item* |  |  |
| **TOTAL AMOUNT REQUESTED** |  |  |