**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**

**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**

**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

|  |
| --- |
|  |
| **NAME OF AGENCY/ORGANIZATION** |

|  |
| --- |
| **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.** |
|  |
|  |  |
| **AUTHORIZED OFFICIAL SIGNATURE** | **DATE** |
|  |  |
|  |  |
| **FISCAL OFFICER/TREASURER SIGNATURE** | **DATE** |

|  |  |
| --- | --- |
| 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 |  |

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