

Unified Government of Athens-Clarke County Request for Proposals (RFP)

Cultivating Nonprofit Capacity in Athens (CNC Athens) Program

Key Activity	Date
RFP Release	September 22, 2023
Technical Assistance Period	September 22 - October 13, 2023 <ul style="list-style-type: none">• Webinar: September 27, 2023 @ 2pm via https://accgov.webex.com/accgov/j.php?MTID=mc56999c5f559a2fce97396c196f071fe• TA Sessions (by appt): September 28 - October 13, 2023• Last Day for Questions: October 13, 2023• Q&A Addendum released: October 16, 2023
Proposal Due	Monday, October 23, 2023 at 9:00 a.m. ET
Application Review and Interviews	October 23 - November 3, 2023
Mayor & Commission Award Approval	December 5, 2023
Programming Period	12-month period beginning Q1 of 2024

TABLE OF CONTENTS

<i>SECTION A: GENERAL INFORMATION</i>	3
1. SUMMARY	3
2. RFP CONTACT	4
<i>SECTION B: ELIGIBILITY CRITERIA</i>	4
1. ELIGIBILITY CRITERIA	4
<i>SECTION C: NONPROFIT CAPACITY BUILDING PROGRAM DETAILS</i>	5
1. INTRODUCTION	5
2. PROGRAM GOALS	5
3. PROGRAM DURATION	6
4. PROGRAM STRUCTURE	6
5. AWARD DETAILS	9
6. PROGRAM EVALUATION	10
<i>SECTION D: SUBMISSION INSTRUCTIONS</i>	11
1. DEADLINE	11
2. METHOD OF SUBMISSION	11
3. REQUIRED SUBMISSION DOCUMENTS AND FORMAT	11
<i>SECTION E: RUBRIC AND SELECTION PROCESS</i>	14
1. EVALUATION RUBRIC	14
2. SELECTION PROCESS	15
<i>SECTION F: INSURANCE REQUIREMENTS</i>	16
<i>SECTION G: APPLICATION PACKET</i>	18
Checklist of Submission Documents	18
Organizational Overview Form	19
Organizational Demographics Form	23
Board of Directors List	25
Proposal Form	26
Acknowledgement of Required Assurances	27
Conflict of Interest Questionnaire	29
Applicant Certifications	31

SECTION A: GENERAL INFORMATION

1. SUMMARY

The Unified Athens-Clarke County Government (ACCGov) desires to support local Nonprofit Organizations (NPOs) in Athens-Clarke County that have experienced negative economic impacts due to the COVID-19 pandemic by offering the Cultivating Nonprofit Capacity in Athens (CNC Athens) program. The program will be funded through American Rescue Plan Act Covid-19 State and Local Fiscal Recovery Funds (ARPA) and will provide concrete skills that NPOs can build upon to fulfill their missions and enhance their services to the community. CNC Athens will also prepare NPOs to be more competitive for future funding opportunities.

The program is a collaborative learning opportunity that involves the ACCGov Housing and Community Development Department (HCD) staff (including Community Impact Specialists), external experts in NPO Management and operations, and local nonprofit leaders. Program components include: (A) ongoing assessments of current organizational capacity and needs; (B) six (6) learning modules focused on best practices on NPO management and operations; (C) personalized technical assistance to address specific organizational needs; (D) networking opportunities with other local nonprofits supporting Athens-Clarke County residents; (E) a capstone project; and (F) a \$40,000 operational grant for each of the five (5) selected participants. Participants will also complete evaluation activities that will help gauge their progress and the impact of the CNC Athens program on their organization. The 12-month program is expected to begin in the first quarter of 2024.

All 501(c)(3) and 501(c)(19) nonprofit organizations located within Athens-Clarke County that serve residents of Athens-Clarke County and meet other eligibility criteria (provided in [section B1](#)) may apply.

Eligible NPOs can apply between September 22 and October 23, 2023 through a formal RFP process described herein. There is a total of \$200,000 of ARPA funds available for this purpose and ACCGov anticipates making five (5) awards of \$40,000 each. **Contracting is contingent upon fulfilling the insurance requirements listed in [Section F](#).** Awardees will be considered Beneficiaries and not Subrecipients.

2. RFP CONTACT

Inquiries regarding proposals and technical questions may be directed to arpa@accgov.com or the Community Impact Specialists in HCD (provided below).

Yashu Kavalakuntla

She/Her

Yashaswini.Kavalakuntla@accgov.com

706-613-3155 Ext. 6146

Raine Cox

She/Her

Raine.Cox@accgov.com

706-613-3155 Ext. 6144

A qualified interpreter for the hearing impaired is available upon request at least 10 (ten) days in advance. Please call (706) 613-3088 for more information. This service is in compliance with the Americans with Disabilities Act (ADA).

SECTION B: ELIGIBILITY CRITERIA

1. ELIGIBILITY CRITERIA

Eligibility Requirements for NPOs:

- I. A private NPO registered as a 501(c)(3) or 501(c)(19) organization with the IRS in operation for at least 12 months prior to application submittal date;
- II. Is located within *and* serves residents of Athens-Clarke County, Georgia;
- III. Has experienced negative economic impact due to COVID-19;
- IV. Annual operating budget at time of application is equal to, or less than, \$250,000;
- V. Mission and activities generally align with existing recommendations from the [2023 ACCGov Comprehensive Plan](#), [ACCGov 2019-2024 Strategic Plan](#), [Envision Athens Action Plan](#), [GICH Report](#), and/or [Workforce Housing Study](#);
- VI. Submitted a completed application packet followed by an interview with HCD staff, if advanced Phase II;
- VII. Is willing and able to participate in all program components described in [Section C.4 of this RFP](#).

Priority will be given to Black, Indigenous, and/or People of Color (BIPOC), LGBTQ+ and other community-led groups* which have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life and, because they are members of these underserved communities, have been disproportionately impacted by the pandemic.

**Community-led groups or organizations are defined by the following: The majority (51% or more) of the people in charge of the group are from the community they serve. They have a commitment to building power in the community and are affirming of all members of the community. Community-led groups are committed to ending all forms of oppression, including racism, classism, ableism, xenophobia, homophobia, transphobia, and misogyny.*

SECTION C: NONPROFIT CAPACITY BUILDING PROGRAM DETAILS

1. INTRODUCTION

As Athens-Clarke County (ACC) residents and organizations work toward recovery from the COVID-19 pandemic, the needs in our community are ever-changing. Nonprofit organizations (NPOs) are an integral part of our community landscape and provide programs that meet the needs of struggling Athenians. Nonprofit capacity building is a direct investment that will improve effectiveness of nonprofit services, foster a community mindset and increase the amount of philanthropic funding our nonprofit partners obtain to accomplish their missions. NPOs who persevered through the COVID-19 pandemic have experienced capacity issues as demands for social services has increased. Like many businesses nationwide, nonprofits were faced with staffing shortages and budget shortfalls.

The Cultivating Nonprofit Capacity in Athens (CNC Athens) program is designed to support sustainable program delivery, skill-building, and deepened knowledge of nonprofit management for small-to-midsize nonprofits, which will expand and improve current and future services for ACC residents. The CNC Athens program is funded through American Rescue Plan Act (ARPA) funding.

The CNC Athens program is composed of: (A) ongoing assessments of current organizational needs; (B) 6 learning modules focused on best practices on NPO management and operations (board governance and financial management; strategic planning; program design and evaluation; program management; staff & volunteer management; and resource development); (C) personalized technical assistance to address specific organizational capacity and needs; (D) networking opportunities with other local nonprofits supporting Athens-Clarke County residents; (E) a capstone project; and (F) a \$40,000 operational grant per selected NPO.

2. PROGRAM GOALS

- I. Identify NPOs that have limited capacity but are doing impactful activities for low-income residents of ACC.
- II. Support NPOs with nonprofit capacity building by facilitating once-monthly nonprofit workshops and offering personalized one-on-one technical assistance over a 12-month period.
- III. Foster sustainability of local NPOs so they become more competitive for local, federal, state and philanthropic funding.
- IV. Encourage collaboration among NPOs to increase efficiency and reduce duplicity in local programs.

3. PROGRAM DURATION

Program will be administered over a 12-month period, tentatively beginning the first quarter of 2024 (January-March).

4. PROGRAM STRUCTURE

The Cultivating Nonprofit Capacity in Athens (CNC Athens) program is composed of: (A) ongoing assessments of current organizational needs; (B) six (6) learning modules focused on best practices on NPO management and operations; (C) personalized technical assistance to address specific organizational capacity and needs; (D) networking opportunities with other local nonprofits supporting Athens-Clarke County residents; (E) a capstone project; and (F) a \$40,000 operational grant per selected NPO. Each component is further described below.

HCD staff, including the department's Community Impact Specialists, will administer all components of CNC Athens, including the selection of external trainers and speakers with expertise in NPO management and operations.

A. Organizational Assessments

Pre-program assessment: within 30 days of program start

Post-program assessment: within 30 days of program conclusion or end of participation

1-year post-program assessment: 12 months after the completion of the program

Pre-program organizational assessment: Within the first 30 days of the program, HCD staff will assist selected NPOs in completing an in-depth organizational self-assessment. Based on this assessment, HCD staff will assist NPOs to define priority areas of focus for their organization for the next 12 months. This information will help inform assignments for each module and the capstone project described below. Note that assessment will be different from the organizational overview form required in this RFP.

30-day post-program organizational assessment: All participating NPOs will complete a post-program organizational assessment within 30 days of program conclusion or at the end of participation. This will be an in-depth organizational self-assessment to measure change in organizational needs and impact of the CNC Athens program on performance and capacity of the participating NPOs.

1-year post-program organizational assessment: All participating NPOs will complete an organizational assessment one year after program completion to aid in the evaluation of the long-term impact of the CNC Athens program on the organization.

B. Learning Modules

Over a 12-month period, tentatively beginning first quarter of 2024

Over the course of 12 months, selected NPOs will complete six (6) learning modules. Each module will include: (1) a workshop or training led by an external facilitator, focused on a key NPO management and/or operation topic and anchored on evidenced-based practice and industry knowledge; (2) a case study session in which established local NPOs will share their experience, growth and success in the presented topics; (3) a short assignment related to the content presented; and (4) a short survey focused on knowledge gained and module satisfaction.

Workshops & Case Study Presentations: Each workshop and case study meeting is anticipated to last between 4-6 hours. They will be held in person in Athens on a weekday between the hours of 8:00 a.m. – 5:00 p.m. Copies of presentations and learning materials will be given to NPOs. The planned topics and schedule of the Modules are provided below:

- | | |
|--|--------------|
| • Module 1: Board Governance and Financial Management | Months 1-2 |
| • Module 2: Strategic Planning | Months 3-4 |
| • Module 3: Program Design and Evaluation | Months 5-6 |
| • Module 4: Program Management | Months 7-8 |
| • Module 5: Staff & Volunteer Management | Months 9-10 |
| • Module 6: Resource Development (Fundraising and Grant Writing) | Months 11-12 |

Assignments: At the end of each module, participants will be asked to complete a short assignment related to the content presented. For example, for Module 1, the assignment might be to review Board of Directors bylaws and identify potential areas for improvement. By the end of the program, NPOs will have a collection of six (6) documents that could help them continue building organizational capacity beyond the CNC Athens program. As described in [Component C below](#), HCD staff will be available to provide assistance with these assignments.

Surveys: NPOs will be asked to complete a survey to gauge increase in knowledge, organizational self-efficacy, and satisfaction with the module and program to date. Results of these assessments will help measure the effectiveness of the CNC Athens program and help inform future iterations. These surveys may be completed by NPOs during their own time or during a TA session ([Component C below](#)).

C. Personalized Technical Assistance (TA)

Throughout the 12-month program

HCD staff will provide one-on-one technical assistance (TA) and support for the participating NPOs throughout the program, including:

- Reviewing and clarifying content shared during training modules;
- Providing additional resources related to the training module topics and other areas of opportunities identified during the pre-program organizational assessment;
- Assisting NPOs in defining and reviewing progress on capstone project ([Component E below](#)) throughout the 12-month program;
- Assisting NPOs with module assignments and other deliverables; and
- Completing required assessments and surveys to measure satisfaction with, and impact of, the program.

TA sessions will be held in-person or virtually (based on agency preference) for 1-2 hours on weekdays between the hours of 8:00 a.m. – 5:00 p.m., at the frequency requested by the NPO (at least once monthly, and up to bi-weekly).

D. Networking Opportunities

Throughout the 12-month program

The CNC Athens program will offer NPO participants several networking opportunities throughout the 12-months, including:

- Connections with experienced practitioners: As described above, each module will include two meetings during which experts in NPO management and operations (including leaders of local agencies) will share their expertise with CNC Athens participants. NPOs will be encouraged to use these meetings as a starting point to establish meaningful relationships with and among each other.
- Connections with other CNC Athens participants: Likewise, this program is designed to encourage meaningful relationships between and among the five NPOs participating in the program. Participants will have the opportunity to connect at monthly meetings through online communications (e.g., email ListServ and/or group chat), and more.
- Capstone Event: As described in [Component E below](#), HCD will host a half-day event at the end of the program. HCD will invite local NPOs, stakeholders, relevant ACCGov staff and elected officials as an added opportunity for CNC Athens participants to foster connections. Additionally, HCD will provide an overview of CNC Athens and will present CNC Athens participants with a Certificate of Completion and letter of support for future use.

E. Capstone Project and Presentation

Throughout the 12-month period, event on Month 12

Based on findings from the pre-program organizational assessment (see [Component A above](#)), HCD staff will assist participating NPOs in selecting a “Capstone Project” to help address a key organizational need. The NPOs, with assistance from HCD staff during TA sessions (see [Component C above](#)), will work to complete their Capstone Project throughout the 12-month program. Examples of potential Capstone Projects include writing a competitive application for a federal funding opportunity, revamping program policies and procedures, or developing a program evaluation plan.

This Capstone Project is in addition to the smaller assignments participating NPOs will be asked to complete with every module (see [Component B above](#)).

On Month 12 of the program, HCD will host a half-day event open to all local NPOs, stakeholders and elected officials. During the event, participating NPOs will present their Capstone Project. Additionally, HCD will provide an overview of CNC Athens and will present CNC Athens participants with a Certificate of Completion and letter of support for future use.

F. \$40,000 Operational Award

Each of the selected five (5) NPOs will be beneficiaries of an award of up to \$40,000 to support their operations and capacity-building activities during the 12-month program. Each NPO will each receive payments of up to \$10,000 within the first 15 days following the end of each quarter, pending full participation in all CNC Athens program components described in this RFP.

Reporting of the expenditure of this award will be limited to a single report at the end of the program (to be submitted in conjunction with the 30-day post-program assessment) generally outlining the impact of the award on the organization’s capacity.

5. AWARD DETAILS

There is a total of \$200,000 of ARPA funds available for this award. ACCGov anticipates making 5 awards of \$40,000 each to be used for nonprofit operating expenses and capacity-building initiatives.

The funding source for these awards is American Rescue Plan Act (ARPA) Covid-19 State and Local Fiscal Recovery Funds (CSLFRF). All NPOs awarded funds will be considered Beneficiaries and not Subrecipients per [CSLFRF Treasury Final Rule](#): Public Health and Negative Economic Impacts of the Pandemic: Assistance to Nonprofits.

NOTE: Award distribution is contingent on organization's submission of insurance requirements which is needed to execute the contract. Without the insurance requirements, contracts cannot be issued. **Please read the insurance requirements in [Section F](#) for more information.**

6. PROGRAM EVALUATION

The performance measurements for the CNC Athens program include, but are not limited to:

- At least 12 capacity building trainings and workshops held over a 12-month period;
- Active participation from all five selected NPOs throughout the 12-month program;
- Completion of all program deliverables by the five selected NPOs (e.g., module assignments, capstone project, etc.)
- Increased knowledge on key topics of nonprofit management and operations;
- Increased sense of organizational self-efficiency among participating NPOs;
- Increased networking opportunities among local nonprofits; and
- Satisfaction with the program among participating NPOs.

The following evaluation activities completed by HCD and participating NPOs will help measure the success and impact of the CNC Athens program:

- Ongoing data collection by HCD related to program components, including meeting attendance rate, completion of program deliverables (e.g., module assignments and capstone project), participation in Capstone Event, number of local NPOs engaged as speakers/trainers, etc.
- Each NPO will complete at least three organizational assessments, as described in [Section C of this RFP](#). These include: an initial assessment once awards are made but before the program begins, within 30-days of program completion, and 1-year after program completion. These assessments will largely focus on the impact of CNC Athens on organizational priorities.
- NPOs will complete a survey at the end of every module (six total), to measure knowledge gained, organizational self-efficacy, and satisfaction with the program.
- NPOs will complete an “exit” satisfaction survey at the end of the program focused on overall program satisfaction.

Results from this program evaluation will be made available to the public on www.accgov.com/arpa at the conclusion of the program.

SECTION D: SUBMISSION INSTRUCTIONS

1. DEADLINE

Proposals are due no later than **October 23, 2023 at 9:00 a.m. ET**. Proposals received after the deadline will NOT be considered. Incomplete applications will not be considered.

2. METHOD OF SUBMISSION

All proposals shall be submitted in one of two ways:

- I. OPTION 1: As a single complete PDF document via the Athens-Clarke County file transfer service located at [ACCGov Dropoff Portal](#). Please select HCD as the recipient and click “I am not a robot” to ensure delivery.
- II. OPTION 2: Drop off a completed printed copy of the proposal at the Housing and Community Development office located at: 375 Satula Avenue, Athens, GA 30601. Proposal must be labeled “NPO Capacity Building Program” with the Organization name. Hand delivered copies may be delivered to the above address ONLY between the hours of 8:00 a.m. and 4:00 p.m. E.T., Monday through Friday, excluding holidays observed by the Unified Government of Athens-Clarke County.

3. REQUIRED SUBMISSION DOCUMENTS AND FORMAT

Included in [Section G](#) is the RFP Submission Checklist and Request for Proposal (RFP) instruction document. The written requirements contained in this (RFP) shall not be changed or superseded except by written addendum from the Unified Government of Athens-Clarke County’s Housing and Community Development Department. Failure to comply with the written requirements for this proposal may result in rejection of the proposal by the Unified Government of Athens-Clarke County. The checklist can be found in the Appendix section (Pg. 14).

I. Organization Overview Information:

Please provide the following documents in the order that they are presented. Any additional attachments related to the following must be attached at the end.

- a. Organizational Overview Form (form in [Section G](#))
- b. Organizational Demographic Form (form in [Section G](#))
- c. Board Members List with Contact Information (template in [Section G](#))
- d. Organization Qualifications and Experience (Prompt in [Section D.3.II below](#))
- e. Organizational Chart (Prompt in [Section D.3.III below](#))
- f. Job Descriptions of Staff and Volunteers ([Prompt in Section D.3.IV below](#))

- g. Copy of 501(c)(3) or 501(c)(19) IRS determination letter of organization

Note that the Organizational Overview Form asks for a Sam.gov Unique Entity Identifier Number (UEI), which is required for contracting purposes. If your organization does not have a UEI at the time of application, please contact ARPA@accgov.com prior to submitting the application so technical assistance can be provided for your organization to obtain it. The UEI process can take a month or more, so it is important that you begin registration as soon as possible, so it will be obtained before contracting (if awarded funding). Provide this information in the Organization Overview form

II. Qualifications and Experience:

This section refers to scope of services (past and present) and your organization's history of providing these services. In a separate document, please provide an overview of the population you serve. Detail how the qualifications or experiences of key staff or volunteers help our organization achieve its mission and goals. Please attach any licenses or certifications held by the organization or staff, and resumes or CVs of staff or board members, as applicable.

III. Organizational Chart

Please provide a chart that visually explains the internal structure and power-hierarchy of your organization. Please include the titles and names of person in that role (if currently filled).

IV. Job descriptions of staff and volunteers

For all staff positions mentioned in the organizational Chart, please provide the job descriptions (including responsibilities) and how each role contributes toward the mission of your organization.

V. Cover Letter

Provide an introduction letter summarizing the purpose, programs, and activities of your organization. Detail the impact of COVID-19 upon your organization in your cover letter. This letter should be signed by an authorized representative who has the authority to enter a contract with the Unified Government of Athens-Clarke County on behalf of the organization. Additionally, include the name, mailing address, telephone number, and email address of the individual who serves as the point of contact for this solicitation.

VI. Need Statement:

Part 1: Please describe the population you serve and their unique needs. Describe

how those needs might have changed during and after the COVID-19 pandemic. Provide details on how your organization helps fulfill those needs. Provide evidence through community data to support your organization's work in the community.

Part 2: Discuss how participation in the CNC Athens program will help you increase capacity and improve the services you offer to the residents of Athens-Clarke County. Discuss any barriers to meet your organizational goals and explain how this grant can help you eliminate barriers and achieve those goals.

VII. [Proposal Form](#) included in [Section G](#)

VIII. [Acknowledgement of Required Assurances](#) included in [Section G](#)

IX. [Georgia Secretary of State Annual Registration or Certificate of Incorporation](#) (include a copy with your submission)

X. [Most Recent IRS Tax Filing \(990 Form\)](#) (include a copy with your submission)

XI. [Financial Statement from the Most Recent Completed Fiscal Year](#) (include a copy with your submission)

SECTION E: RUBRIC AND SELECTION PROCESS

1. EVALUATION RUBRIC

The submittals received in response to this RFP will be evaluated and ranked by HCD staff members in accordance with the following rubric.

1 point	3 points	5 points
Over 5 employees/staff	3-5 employees/staff	Less than 3 employees/staff
Over 5 years in operation	4-5 years in operation	1- 3 years in operation
Has received federal, state or local government funding 3 times in the last 5 years	Has received federal, state or local government funding 1-2 times in the last 5 years	Has never received federal, state or local government funding in the last 5 years
\$200,000 to \$250,000 annual operating budget	\$100,000 to \$200,000 annual operating budget	Less than \$100,000 annual operating budget
Overview form is missing information. <i>NOTE: If overview form is not completed, applicants will not be considered. Any questions regarding the overview form and the application w be answered during the technical assistance period.</i>	Overview form is complete but lacks details needed to assess organizational activities and how purpose and activities align with community plans, studies, and priorities.	Overview form is complete with detailed information about the organization and how their activities align with community plans, studies, and priorities.
Cover letter does not adequately describe organization and doesn't address Covid impacts fully.	Cover letter adequately addresses COVID impact but does not give much detail about the organization; OR describes organization in detail but doesn't fully address COVID impacts	Cover letter adequately describes organization in detail and fully addresses COVID impact.
Needs Statement Part 1 lacks data and/or doesn't address the requested information.	The Needs Statement Part 1 describes target population and needs of the population but does not describe how	The Needs Statement Part 1 adequately describes target population, population needs, and how the organizational

1 point	3 points	5 points
	organizational activities meets those needs. Does not draw from community data.	activities are designed to meet those needs. Community data was used to support statements made.
Needs Statement Part 2 – Response does not address barriers or how capacity building would improve services.	The Needs Statement Part 2 addresses some of the requested information but the need for this capacity building program is not evident.	The Needs Statement Part 2 addresses the requested information clearly and discusses how this Capacity building program could reduce barriers.

Staff will also award points to applications received as follows:

3 Points	For being a community-led organization
3 Points	For being a BIPOC, LGBTQ+, or other underserved community-led organization.
2 Points	For collaborative work with other local organizations.
1 Point	For providing complete demographic information about staff and board of directors
1 Point	For having a data collection system in place (Data collection does not mean an extensive database usage. We essentially want to know do you collect data and how you manage it currently)

Maximum Points Available: 50

2. SELECTION PROCESS

Proposals will be evaluated and ranked according to the criteria and score values set forth in the Rubric (SECTION B 2) by the HCD Staff members. Ten participants with the highest scores will be selected for an Interview. The Interview format will be discussed with selected participants.

- RFP Release: **September 22, 2023**
- Technical Assistance Period: **September 22 – October 13, 2023**
 - Webinar: **September 27, 2023 @ 2pm** via <https://accgov.webex.com/accgov/j.php?MTID=mc56999c5f559a2fce97396c196f071fe>
 - TA Sessions (by appt): **September 28 - October 13, 2023**
 - Last Day for Questions: **October 13, 2023**
- Q&A Addendum released: **October 16, 2023**
- Proposal Due: **October 23, 2023 at 9:00 a.m. ET**

- o No late submission will be accepted.
- HCD staff will review applications and interview up to 10 top applicants with the highest score. Up to 5 NPOs will be recommended as beneficiaries of this award to the Mayor & Commission: **October 23 – November 3, 2023**
- Mayor and Commission Award Approval: **December 5, 2023**

Programming Period: 12-month period, tentatively beginning first quarter of calendar year 2024

SECTION F: INSURANCE REQUIREMENTS

If selected to participate in the CNC Athens program, all NPO program participants must provide proof that they have the following types and amounts of insurance before contract execution. Some types of insurance policies require an additional insured endorsement, primary non-contributory endorsement, waiver of subrogation, and/or a notice of cancellation endorsement listing the Unified Government of Athens-Clarke County as the additional insured. Please see the chart below for specific requirements for each type of policy.

NOTE: Without the required insurance documentation, NPOs will not be able to receive participate in the CNC Athens program. To ensure funding, please be proactive in obtaining the required insurance as soon as the Mayor & Commission make awards.

Types of Insurance	Limits *	Additional Insured Endorsement	Primary Non-Contributory Endorsement	Waiver of Subrogation	Notice of Cancellation Endorsement
General Liability	\$2,000,000.00 General Aggregate,	Yes	Yes	Yes	Yes
	\$1,000,000.00 per occurrence,				
	\$2,000,000.00 Completed Operations Aggregate,				
	\$1,000,000.00 Personal/ Advertising Injury				

Types of Insurance	Limits *	Additional Insured Endorsement	Primary Non-Contributory Endorsement	Waiver of Subrogation	Notice of Cancellation Endorsement
Umbrella/ Excess	\$1,000,000.00 Per occurrence	Yes	Yes	Yes	Yes
Workers' Compensation /Employers Liability	Statutory; \$1,000,000.00 Accident; \$1,000,000.00 Disease; \$1,000,000.00 Policy Limit. **See note below	n/a	n/a	Yes	Yes
Fidelity/Crime	Coverage in the amount of \$40,000	n/a	n/a	n/a	Yes

* Some contracts may require additional coverages or coverage amounts. This is determined by the scope of work and the contract amount.

** Employers in the State of Georgia must regularly employ 3 or more persons in their business to be required to carry workers' compensation benefits. Vendors doing business with ACCGov that do not employ 3 or more persons on a regular basis must provide a letter, on the entity's letterhead, stating the number of persons they employ and that they are not legally required to provide workers' compensation benefits. This letter must be signed by the CEO of the entity.

Copies of endorsements showing the Unified Government of Athens Clarke County has been added to the policies as additional insureds, primary and non-contributory endorsements and notices of cancellation on each policy, shall be attached to each certificate of insurance provided during contracting.

SECTION G: APPLICATION PACKET

Checklist of Submission Documents

Documents	Completed?
Organizational Overview Information (All components are REQUIRED):	
- Organizational Overview Form	<input type="checkbox"/>
- Organizational Demographics Form	<input type="checkbox"/>
- Board Member List with Contact Information and Affiliations	<input type="checkbox"/>
- Organization Qualifications and Experience	<input type="checkbox"/>
- Organizational Chart	<input type="checkbox"/>
- Job Descriptions of Staff and Volunteers	<input type="checkbox"/>
- 501(c)(3) or 501(c)(19) IRS determination letter of organization	<input type="checkbox"/>
Other Required Attachments:	
- Cover Letter	<input type="checkbox"/>
- Needs Statement	<input type="checkbox"/>
- Proposal Form	<input type="checkbox"/>
- Acknowledgement of Required Assurances	<input type="checkbox"/>
- Conflict of Interest Questionnaire	<input type="checkbox"/>
- Applicant Certifications Section	<input type="checkbox"/>
- Georgia Secretary of State Annual Registration or Certificate of Incorporation	<input type="checkbox"/>
- Most Recent IRS Tax Filing (990 Form)	<input type="checkbox"/>
- Financial Statement (most recent completed fiscal year)	<input type="checkbox"/>
Optional Attachments:	
Resumes of staff and board officers	<input type="checkbox"/>
Letters of Support from Collaborating Agencies	<input type="checkbox"/>
Strategic Plan	<input type="checkbox"/>

Organizational Overview Form

Please fill out this form to the best of your capabilities. Please review the Rubric for additional information. You may also reach out to HCD staff for Technical Assistance when completing this form.

About Your Organization

1. Name of Organization (as listed in GA Secretary of State Annual Registration or Certificate of Incorporation):

2. Unique Entity Identifier (UEI) from SAM.Gov 3. Employer Identification Number (EIN)

<input type="text"/>	<input type="text"/>
----------------------	----------------------

NOTE: If your organizations does not currently have an UEI, please contact ARPA@accgov.com prior to submitting the application so technical assistance can be provided for your organization to obtain it. The UEI process can take a month or more, so it is important that you begin registration as soon as possible, so it will be obtained before contracting (if awarded funding).

4. Physical Address:

5. Mailing Address (if different from Physical Address):

6a. Lead Representative of Organization (name and title):

6b. Legal Representative's Email:

6c. Legal Representative's Phone Number:

7. Year Began Operations:

8. Year received 501(c)3 or 501(c)(19) status:

Please remember to attach a copy of your IRS nonprofit determination letter and confirm that you shared a copy in the section below.

9. Mission of Organization:

10. Vision of Organization:

11. Does your organization have a Strategic Plan or established goals? If yes, please attach a copy of your Strategic Plan. If you do not have a Strategic Plan, please briefly describe your organizational goals:

12. How does your organization keep track of services/impact/goals? Does your organization have a data collection method? If so, please describe your efforts below:

13. Please list all the states the organization is licensed to operate within and the Georgia counties served by your organization:

14. How does your organizational activities and programs align with existing recommendations from the [2023 ACCGov Comprehensive Plan](#), [ACCGov 2019-2024 Strategic Plan](#), [Envision Athens Action Plan](#), [GICH Report](#), and/or [Workforce Housing Study](#)?

15. Describe each of the programs and/or services offered by the organization.

Revenue/Budget

16. What is your annual operational budget? Please provide a copy of your organization's most recent 990 and financial statement for the most recently completed fiscal year.

\$

17. What percentage of your organization's revenue come from the following sources:

____% Government grants or contracts

____% Grants from foundations

____% Corporate Contributions

____% Private or individual Donations

____% Fundraisers

____% Fees for goods or services

18. Has your organization received federal, state, and/or local government funding in the past 5 years?

- If YES: Identify each award received (including source and amount), describe what programs or services were supported with this funding, and describe whether your organization achieved the expected outcomes with that funding.
- If NO: Describe past attempts applying for federal, state, and/or local government funding in the past 5 years.

Staffing

19. How many board and staff members are people from the community your organization is serving? How many are full-time, part-time and volunteers?

20. Describe current or past collaborations with other local organizations and entities in the last 5 years.

21. In what areas would you want to grow your organizational capacity? Some examples include: grant writing, fundraising, volunteer recruitment and management, staff recruitment and management, financial, board management, program design and evaluation, etc. Feel free to attach a separate page if space provided is not sufficient.

Organizational Demographics Form

	Board	Staff / Core Leadership	Active Volunteers	Members
Total Number				
Diversity by Race/Ethnicity				
Arab / Middle Eastern				
Asian / South Asian / Southeast Asian / Pacific Islander				
Black				
Indigenous / Native American				
Latina/o/e/x or Hispanic				
Multiracial				
White				
Diversity by Gender				
Women (including trans people, if applicable)				
Men (including trans people, if applicable)				
Trans, Gender Non-Conforming, Gender Queer, Two-Spirit				
Diversity by Age				
Individuals Age 65 and Older				
Individuals Age 21 and Younger				
Other Diversity Characteristics				
Low-income & Working-Class				
Lesbian / Gay / Bisexual / Queer / Two-Spirit				

	Board	Staff / Core Leadership	Active Volunteers	Members
People with Disabilities				
Immigrants / Refugees				
Other Demographic Categories that are Important to Your Organization (Add below)				

Board of Directors List

Name	Board Position	Email Address and Telephone	Professional Affiliations outside of Board	Service Term		Membership Category
				Start Date	End Date	Private/Community Sector, Public Sector/Public Official, Low Income Sector

Proposal Form

Proposal of _____ (hereinafter called "beneficiary"), organized and existing under the laws of the State of Georgia, doing business as _____*.

In compliance with your RFP, the beneficiary hereby proposes and agrees to perform and furnish all work for the requirement known as **RFP Cultivating Nonprofit Capacity in Athens (CNC Athens) Program** in strict accordance with the Proposal Documents, within the time set forth therein, and at the price proposed.

By submission of this Proposal, the Provider certifies, and in the case of a joint Offer, each party thereto certifies as to its own organization that:

1. The Applicant has examined and carefully studied the Proposal Documents, receipt of all of which is hereby acknowledged.
2. The Applicant agrees that this proposal may not be revoked or withdrawn after the time set for the opening of proposals but shall remain open for acceptance for a period of thirty (30) days following such time.

Company:			
Contact Name and Title:			
Address:			
Phone:		Fax	
Contact Email:			
SAM UEI:			
EIN:			

☐ By checking this box, I acknowledge that I have read and will meet requirements listed in RFP Cultivating Nonprofit Capacity in Athens (CNC Athens) Program if awarded.

Authorized Representative/Title

Authorized Signature

Date

Acknowledgement of Required Assurances

Applications which do not contain a signed Acknowledgement of Required Assurances are ineligible for consideration. Funded grants and contracts are subject to a variety of required executive orders, statutes, regulations, contract and procurement clauses. It is the responsibility of the respondent to be aware of and comply with these requirements. The list below is not exhaustive, and other provisions may apply based on the type of work being performed and the dollar amount of the awarded contract.

By submitting the accompanying application with an authorized signature on this document, I understand and agree that any funding award resulting from this solicitation will require compliance with the signed agreement and certifications, regulations and policies identified below, including but not limited to:

- Compliance with the U. S. Department of Treasury Compliance and Guidance for State and Local Fiscal Recovery Funds;
- Compliance with 2 CFR Part 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (as appropriate);
- Comply with SLFRF Award Terms and Conditions
- Comply with Treasury's Compliance and Reporting Guidance
- Federal Funding Accountability and Transparency Act;
- Nondiscrimination policy
- The Fair Housing Act;
- Equal Opportunity in Housing Act;
- Equal Employment Opportunity Act;
- Americans with Disabilities Act;
- Section 504 of the Rehabilitation Act;
- Environmental Regulations (may be subject to NEPA review if funded with other federal funds);
- Davis- Bacon Act (if applicable with funds from another federal program that requires enforcement of the Davis-Bacon Act)
- Lead Based Paint Hazard Reduction Act of 1992
- Copeland "Anti-kick" Act;
- Section 3 certification
- Minority and Women's Business Enterprise;
- Hatch Act
- Uniform Relocation Assistance and Real Property Acquisitions Act of 1970
- Residential Anti-Displacement and/or Relocation Plan
- Drug-Free Workplace certification
- Anti-Lobbying certification

- E-Verify Contractor requirements
- Conflict of Interest
- Compliance with Insurance and Bonding requirements
- Certification of Good Standing with Athens-Clarke County, GA
- Good Standing with the State of Georgia
- Certification that the firm, organization, corporation or has not received other federal, state, or local assistance for the same expenses as submitted in this application.
- Certification that the firm, association, corporation, or any person in a controlling capacity or any position involving the administration of federal, state, or local funds is not currently under suspension, debarment, voluntary exclusion, or a determination of ineligibility by any agency; has not been suspended, debarred, voluntarily excluded, or determined ineligible by any agency within the past three (3) years; does not have a proposed debarment pending; has not been indicted, convicted, or has not had a civil judgment rendered against said person, firm, association, or corporation by a court of competent jurisdiction in any matter involving fraud or misconduct with the past three (3) years.
- Certification that, in the past seven (7) years, the organization has not had any bankruptcy proceedings (closed or not) initiated against the Contractor and that there are no bankruptcy proceedings pending by or against the Contractor regardless of the date of filing;

The signatory certifies that he/she is an authorized official of the applicant organization, is authorized to make this application, is authorized to commit the organization in financial matters, and will assure that any funds received because of this application are used for the purposes set forth herein.

Printed Name, Title and Agency

Signature and Date

Conflict of Interest Questionnaire

Federal, State and County law prohibits employees and public officials of the Athens-Clarke County Unified Government from participating on behalf of the County in any transaction in which they have a financial interest. This questionnaire must be completed and submitted by each applicant for State and Local Fiscal Recovery (SLFRF) funding. The purpose of this questionnaire is to determine if the applicant, its staff, or any of the applicant's Board of Directors would be in conflict of interest.

Is there any member(s) of the applicant's staff or any member(s) of the applicant's Board of Directors or governing body who currently is or has/have been within one year of the date of this application a County employee or consultant, or a member of the ACCGov Commission?

☐ YES ☐ NO

If yes, please list the names(s) below:

_____	_____
_____	_____

Will the SLFRF funds requested by the applicant be used to award a subcontract to any individual(s) or business affiliate(s) who currently is or has/have been within one year of the date of this application a County employee, consultant, or a member of the ACCGov Commission?

☐ YES ☐ NO

If yes, please list the names(s) below:

_____	_____
_____	_____

Is there any member(s) of the applicant's staff or member(s) of the applicant's Board of Directors or other governing body who are business partners or family members of a County employee, consultant, or a member of the ACCGov Commission?

☐ YES ☐ NO

If yes, please list the names(s) below:

_____	_____
_____	_____

If you have answered "YES" to any of the above, the HCD Department will review to determine whether a real or apparent conflict of interest exists.

Name of Organization: _____

Name of Applicant's Authorized Official: _____

Authorized Official's Title: _____

Signature of Authorized Official: _____

Applicant Certifications

Certification of Good Standing:

I certify that _____ (Organization Name) is in good standing with all Departments of Athens-Clarke County Government, including, but not limited to, the Tax Assessor, Public Utilities, Central Services and Building Inspections.

I understand that the following documentation and/or certifications are required to receive SLFRF funds from the Unified Government of Athens- Clarke County:

- Non-profit determination (if applicable)
- List of Board Members
- Designation of Authorized Official(s)
- Board Resolution Authorizing Grant Signatories
- Annual Financial Statements
- Signed Anti-lobbying Certification
- Signed Drug Free Workplace Certification

Signature

Date

Certification of Drug Free Workplace and Anti-Lobbying:

In accordance with the applicable statutes and the regulations governing the consolidated plan regulations, I certify that _____ (organization name):

Drug Free Workplace - Will begin or will continue to provide a drug-free workplace by:

1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
2. Establishing an ongoing drug-free awareness program to inform employees about -
 - a. The dangers of drug abuse in the workplace;
 - b. The grantee's policy of maintaining a drug-free workplace;
 - c. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - d. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph 1;
4. Notifying the employee in the statement required by paragraph 1 that, as a condition of employment under the grant, the employee will -
 - a. Abide by the terms of the statement; and

- b. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
5. Notifying Athens-Clarke County in writing, within ten calendar days after receiving notice under subparagraph 4(b) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 4(b), with respect to any employee who is so convicted -
 - a. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - b. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1, 2, 3, 4, 5 and 6.

Anti-Lobbying – To the best of the jurisdiction's knowledge and belief:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of it, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement;
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, it will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions; and
3. It will require that the language of paragraph 1 and 2 of this anti-lobbying certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

Signature (Authorized Official): _____

Title: _____ Date: _____

THIS PAGE IS INTENTIONALLY LEFT BLANK
TO SIGNAL THE END OF RFP PACKET