

BASIC NEEDS NON-PROFIT GRANT PROGRAM



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Program Guidelines & Application

Round 1 Application Due: November 30, 2022

PROGRAM GUIDELINES: OVERVIEW

What does the program offer? We are launching a grant program to award funds to provide basic needs services to residents in Macomb. **The Non-Profit Basic Needs Grant Program will provide local non-profits with funds from \$1000 to \$10,000 for basic needs services, depending on quantity of applicants.** We are funding organizations that provide direct assistance to those in our community who are in need of food, clothing, or shelter.

Who is eligible? 501c3 Non-Profit Organizations that provide direct services in the areas of food, shelter, and clothing located within the City of Macomb following all relevant laws, regulations, and guidelines are eligible. Organizations must have past experience providing direct assistance in the areas of food, shelter, or clothing within the City of Macomb. Please see exclusions below.

What are typical eligible expenses? Direct basic needs expenses would be eligible. Direct basic needs are food, shelter, and clothing. The narrative should explain how funds requested are needed to provide food, clothing, or shelter to those in need.

What are an Organization's Obligations? Organizations must complete the project application and certification. If the application is approved, the organizations must adhere to the items and uses specified in the application. Applicants must also adhere to all federal, state, and local regulations.

Who approves project applications? The City of Macomb will publish program guidelines, work with applicants to ensure they are eligible, and verify applications are complete. **Completed applications will be reviewed by staff and eligible applications will be recommended by the Community Development Committee and by City Council.**

Is there an advantage to applying soon? Yes. Applications will be accepted starting October 1, 2022 through November 30, 2022 no later than the end of the day (5:00PM). No late applications will be accepted.

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GENERAL ELIGIBILITY

All applicants will self-certify in the forms below that they meet all the eligibility requirements:

- Organization must be located within the City of Macomb's municipal boundaries.
- Organization must be a 501c3 Non-Profit.
- Organization must provide basic needs services: food, clothing, or shelter
- Organizations must have complied with, and remain compliant with, all relevant laws, regulations, and executive orders from the local, state and federal government.
- Government entities and for-profit businesses are ineligible for this program.

Ineligible Organizations (financial Basic Needs to these entities would be disallowed)

An Organization shall be ineligible to receive financial Basic Needs if it:

- is delinquent on tax payment
- is not in compliance with all relevant laws, regulations, and executive orders from the local, state and federal governments
- Governmental entity
- For-profit business

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FINANCIAL REQUIREMENTS

- Distribution of the funds will be administered in the form of a **check after approval of application**.
- The funds can only be used for the purpose outlined in the application and approved by the City of Macomb.
- The City will review applications for completeness and eligibility and reserves the right to award partial funding to applications.
- Please note that the City of Macomb has claw backs in the grant agreements if applicants do not adhere to the uses of funds outlined in the application or follow federal, state, or local laws and regulations.

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APPLICATION PROCESS

- Complete application materials:
 - Executed Applicant/Organization Certification & Agreement Form A
 - Executed Application Form B
 - Executed Agreement Form C
 - Narrative: Explain how Organization will use grant funds to provide basic needs services (food, clothing, shelter) (maximum 150 words / 1/2 page)
 - Grant Budget (Excel or CSV format)
 - Additional documentation (plans, photos, etc.)
- Submit completed application materials to the City of Macomb,
 - Please write "ATTN: BNNP Grant Program" on all written documentation or in subject line of all email communication
 - Office of Community Development, 232 East Jackson Street, Macomb, IL 61455
 - jbannon@cityofmacomb.com
 - All applications submitted by November 30, 2022 at 5:00 p.m. will be evaluated by a staff committee. Awardees will be notified by December 31, 2022 of award amount and next steps.
- The Community Development Committee and City Council shall make the final decision as to the approval of all the Organizations selected and the distribution of funds.

GRANT REPORT

- The Final Grant Report should be completed and submitted to the City of Macomb Office of Community Development by December 15, 2023. The Final Grant Report should contain the following
 - **Narrative Report:** Describe implementation, successes, lessons learned, etc. Length should be 200-600 words.
 - **Final budget and expense documentation** (receipts / invoices). Please include a list of expenses as well as the receipts / invoices in the same order as the expense list. Labelling expenses with a consistent methodology (1,2,3 or A,B,C) to clearly connect the expense list and receipts/invoices would be appreciated.
 - **Photo / Video Documentation:** Please include photos or videos of the services being distributed to recipients. For video / photo submission, please label all photos with the organization name and upload photos / videos to the following link:
https://drive.google.com/drive/folders/1xHav6RtsFodaMPGZkuQxEp9jCG4JP9_t?usp=sharing
 - If the City is unable to use photos publicly because of privacy concerns, please indicate that in the Final Grant Report.

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TIMELINE

- October 1, 2022: Applications accepted at Office of Community Development
- November 30, 2022 4:00PM: Applications due to Office of Community Development
- December 31, 2022: Award decisions made and communicated to applicants by 12/31/2022
- December 2022-January 2023: Payment to Organizations from City of Macomb
- December 15, 2023: Final Grant Report from Recipients due

Attachments to Application

- Form A – Applicant Certification
- Form B – Application
- Form C – Non-Profit Basic Needs Grant Program Agreement
- Grant Budget
- Signed W-9
- Additional Optional Documentation: plans, photos, narrative, etc.

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FORM – A

BASIC NEEDS NON-PROFIT GRANT PROGRAM APPLICANT CERTIFICATION

As applicant(s) for participation in the City of Macomb Non-Profit Basic Needs Grant Program, I/we acknowledge the following statements:

1. To the best of my/our current knowledge, all information contained within the application is true and we hereby authorize the City of Macomb to verify any such information at its discretion.
2. I/we have read and understand the Program Guidelines for Non-Profit Basic Needs Grant Program and agree to fully abide by said guidelines.
3. I/we understand that my/our property must be located within the boundaries of the City of Macomb and be a 501(c)(3) Organization and provide basic needs services in the areas of food, shelter, or clothing in order to be eligible for program participation.
4. Awards will be given at the discretion of City Council.
5. I/we certify that I/we have complied with, and will remain compliant with, all relevant laws, regulations, and executive orders from the local, state and federal government.
6. Due to a limitation on the amount of available program dollar funds, I/we understand that an eligible, completed application is not necessarily a guarantee of project funding.
7. I/we understand that the organization must give written approval for project participation and demonstrate that he/she is current on all taxes.

Signature of Applicant

Date

Signature of Co-Applicant

Date

Signature of Co-Applicant

Date

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FORM - B

BASIC NEEDS NON-PROFIT GRANT PROGRAM APPLICATION

1. APPLICANT

Contact Name _____

Address _____

Phone Number _____

Email Address _____

CO-APPLICANT
Name _____

Address _____

Phone Number _____

Email Address _____

CO-APPLICANT
Name _____

Address _____

Phone Number _____

Email Address _____

Organization must be applicant or co-applicant. There may be more than one co-applicant.

**2. Organization
Name**

Organization
Address _____

Organization
Phone _____

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4. Describe the intended use of any funds awarded and how these funds will assist in providing basic services in the areas of food, clothing, and shelter to residents of Macomb in need.

You may attach additional pages if necessary. Limit maximum 150 words or ½ page.

5. Describe how the basic needs services provided are improving the lives of service recipients in Macomb (impact).

You may attach additional pages if necessary. Limit maximum 150 words or ½ page.

6. Do you understand that you are applying for a maximum of \$10,000 but the City will adjust the amount based on the total number of eligible applicants? (Yes/No) _____
7. Are you, and will you remain, compliant with all state, federal and local laws and regulations? (Yes/No) _____

Applicant Signature: _____

Date: _____

Co-Applicant Signature: _____

Date: _____

Co-Applicant Signature: _____

Date: _____

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FORM - C

BASIC NEEDS NON-PROFIT GRANT PROGRAM AWARD AGREEMENT

This Agreement is made this _____ day of _____, 20____, by and between the CITY OF MACOMB, an Illinois municipal corporation ("City") and _____ ("Recipient").

WHEREAS, Recipient is the organization/operator of _____ with a common address of _____, Macomb, Illinois ("Premises");

WHEREAS, the City has established the Basic Needs Non-Profit Grant Program (the "Program") which provides grants for Organization organizations to use for working capital expenses subject to the Guidelines of the Program; and

WHEREAS, Recipient has requested a grant pursuant to the Program in the amount of \$_____,

NOW, THEREFORE, in consideration of the mutual covenants contained herein, the parties agree as follows:

1. The City shall provide to Recipient a grant in the amount of \$_____. Direct payment shall be made to Recipient upon award approval by City Council pursuant to the Guidelines of the Program.
2. This Agreement shall be governed by all applicable laws of the State of Illinois and the United States of America. The parties agree that McDonough County is and will be the appropriate venue for the hearing of any dispute related to this Agreement.
3. Recipient has self-certified their compliance, and continued compliance, with all relevant laws, regulations and executive orders from the local, state and federal government.
4. If Recipient does not use the funds for a permissible purpose pursuant to the Program Guidelines, or fails to maintain compliance as set forth in Paragraph 3 herein, the City of Macomb reserves the right to demand return of all awarded funds.
5. All covenants, agreements, representations and warranties of the Parties contained herein shall be binding upon and inure to the benefit of the Parties hereto and their respective successors and assigns.
6. All notices, requests, demands and other communications to be given to any Party hereunder shall be in writing and shall be deemed to have been duly given when personally delivered or deposited in the United States Mail, certified or registered mail, return receipt requested, postage prepaid, addressed to the Parties at the following addresses (or at such other address as shall be given in like manner by any Party to the other):

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City of Macomb: Office of Community Development
City of Macomb
232 East Jackson St
Macomb, IL 61455
Attn: Community Development Coordinator

Recipient:

7. The waiver by any Party of any breach of this Agreement, whether in a single instance or repeatedly, shall not be construed as a waiver of right under this Agreement.
8. In the event of a breach of this Agreement by either party, the defaulting party shall be liable for the reasonably incurred legal fees and expenses, including reasonable attorney's fees, expended by the non-defaulting party to gain compliance with this Agreement, including, without limitation, return of awarded funds.
9. This Agreement supersedes any prior agreements and undertakings among the Parties and represents the complete agreement of the Parties.

CITY OF MACOMB
A municipal corporation

RECIPIENT

By: _____

By: _____

Its: _____

Its: _____