American Rescue Plan Act (ARPA) / Neighborhood **Opportunity Fund** Workshop



Mission and Vision

Our Vision

To improve the social condition of residents in the City of Detroit by increasing access to programs.

Our Goal

To build the capacity of organizations receiving ARPA support in the city of Detroit.



ARPA/ NEIGHBORHOOD OPPORTUNITY FUND (NOF)

What is it?

The American Rescue Plan Act (ARPA) was created under the Biden Administration to provide direct relief to Americans, contain COVID-19 and rescue the economy. Through ARPA funding, grants are available for programs proposed by nonprofit and neighborhood service organizations through the Neighborhood Opportunity Fund (NOF) program.

Funding is available to create programs that align with the six priorities, which are: Education, Health, Recreation, Public Safety, Seniors and Mobility & Accessibility.

CRITICAL DIFFERENCES BETWEEEN CDBG NOF and ARPA NOF

NOF ARPA

All recently established 501c3 non-profits are welcome to apply

Grant funds are disbursed once grant agreement is executed – reimbursements requests are not required

No cash reserved required

1:1 technical assistance and capacity building pre-award and post-award

Beneficiary – Per 2 CFR 200 - Beneficiaries (individual or entity) are not subject to subrecipient monitoring and reporting requirements.



Funding Priorities

Funding is available for programs that align with the City Council's six priorities which are listed below. Each City Council Member will establish their own priorities and will allocate funding based on organizations addressing the priority for their district.

- 1. Education includes Literacy, Enrichment/Readiness (ex. Math/Science), Job Training;
- 2. Public Safety includes Community/Neighborhood based, Domestic and Gun Violence;
- 3. Health includes Health Services to low/moderate income;
- 4. Recreation (in person or virtual) includes Arts, Sports
- 5. Seniors includes Transportation and Health Services
- 6. Mobility & Accessibility: Available transportation within the community for services addressing and relating to covid-19



ARPA/NOF Eligibility Requirements

Eligible organizations include:

- Newer non-profit organizations
- All nonprofit, tax-exempt community organizations

INELIGIBLE Organizations include:

- Educational Institutions
- For-profit business/organizations (unless partnered with 501c3 as fiduciary)

ARPA/ NOF THRESHOLD CRITERIA

Non-Profit Status

Must have federal tax-exempt status, i.e., 501(c)3,

501(c)(19), etc., prior to applying for proposal

- Issue Free Audits/Monitoring

 Must not have unresolved government audit and monitoring problems (i.e., tax, legal, etc.).
- Board Membership

 Must have at least three (3) member board, which meets at least bi-annually.
- Current Financial Statements

 Must submit most recent fiscal year cash flow statements, financial statements and, if available, recent audit.

- Current Michigan Annual Non-Profit Report

 Must submit current Non-Profit Corporation
 Information Update. Department of Licensing
 and Regulatory Affairs
 https://www.michigan.gov/lara/0,4601,7-154-61343_35413_60200-140881--,00.html
- Articles of Incorporation

 Must submit Certificate of Good Standing

 and Articles of Incorporation.
- Certificate of Good Standing
 Must have certificate with LARA
- 8 Completed Proposals
 Proposals must be complete and submitted by the deadline and on correct form.



Program Requirement



FUNDING REQUIREMENTS

- All applicants must submit an application, along with required documentation to receive funding
- All activities must provide a direct benefit to low- and moderate-income persons
- The organization must have the capacity to comply with the program guidelines
- A clearly defined Scope of Work and budget must be submitted and approved
- The program goals must be realistic and achievable within the specified time period
- Clearly defined performance standards/metrics/outputs and outcomes
- The program must maximize positive impacts in the community it serves
- The program addresses a community need
- Meets all Threshold Requirements
- Must demonstrate a clear purpose to address negative impacts pertaining to covid-19, economic, health,
 or racial inequities, etc.

Ineligible Cost

- Pre-contract costs
- Back taxes, proposal costs, debts, late charges, penalties
- Excessive travel expenses
- Facilities/equipment depreciation
- Entertainment, conferences or retreats, personal travel

- Payments for bad debts/late fees
- Rental assistance in any unit in which the beneficiary has one percent or more ownership interest in the property
- Undocumented expenses
- Lobbying at partisan political activities
- Suing the government
- Insurance Deductibles not associated with program or activity
- Publication not related to program
- Personal credit card or personal checking account charges
- Alcoholic beverage or illegal drugs, food not related to program activities





NOF ARPA Request <u>must</u> be between \$10,000 - \$20,000

Applicants can only apply for one Priority activity. You must submit a complete application.



Application Review



Application Sections

Scoring is evaluated on a 5-point scale where a multiplier will be used (1; 2; 3) to compute the total points for each area

Application Section	Total Possible Points
Organizational Information	30 points
Funding Need	25 points
Project Description	45 points
Total Section Points	100 points



Organizational Information

Describe your organization and the unique experiences and qualifications that make your organization the most appropriate to provide the proposed service.

- Who are you?
- Who do you serve?
- Who are your board members?
- What are your hours of operation?
- Do you have volunteers?
- Partnerships
- Number of staff needed to operate the program?
 - Resumes for staff
- Describe how this organization addresses health, economic, or racial inequities

Funding Need

Describe why funding is needed for your organization.

- Who is responsible for maintaining financial records?
- What financial management systems do you have in place?
- What other federal funding does your organization receive?



Project Description

Describe the project and the purpose for which the funds are being requested.

- What is the objective of the Program?
- Reason for requesting funding?
- What specific services are to be provided?
- When and how will these services be provided?
- Describe how the activity will be implemented, operated, and administered.
- What is your intake process?
- How will you advertise this program?
 - How will your community benefit from this project?
 - What are your expected or intended outcomes?



Activities, Outputs, Outcomes, and Impacts

ACITIVITIES

Type of services the programs provides

OUTPUTS, are the products of program activities or results of program processes.

 What are your deliverables? For example, the # of classes taught, # of counseling sessions, # of people served.

****OUTCOMES, are the changes in program participants. They can be identified by asking, "How will program participants change as a result of their participation in this program?"

 Organizations must clearly state the methodology used to measure outcomes, i.e., surveys, client interviews, pre- and post-tests results or clients self-reporting

IMPACTS, assess the changes that can be attributed to a particular intervention, such as a program or policy.



Scoring Grid

NOF ARPA CRITERIA	Total points	Responses will be evaluated on a 3 point scale where a multiplier will be used (1, 2, and 3) to compute the total points for each sares: Soming Criteria Grid 3 - Points: criterion is clearly, discrety, and verifiably satisfied			
Organizational Information	30	* Tolkist criterion appears to be suitfield. 3 * Polkist criterion pepears to be suitfield, but is locking in clustry as documentation. ** Tolkist criterion in the control of the control o			
Missions and Work demonstrate a clear purpose to address health, economic, and racial inequities	15	mission, included community letter of support (letters can be from participants, neighborhood associations, collaboration	2-7 Points' Applicant dendy described history and mission, but does not danied letter of improprietters on the from periopium, aughbedoned associations, collaboration organizations with similar program/service, and clearly demonstrates increased screen to essential program/service)	but provides community letter of support(letters can be from participants, neighborhood associations, collaboration	O Points: Applicant left question blank/unaurvered or applicant did not address the question being asked
Non-profit (grass-root) organization has less than 5 employees with operating budget at or less than 5150s.	15	staff serumae's and job descriptions. Applicant clearly identifies all staff necessary to operate the public service activity. Staffing is deemed by Reviewers to be sufficient, staff has necessary experience/ qualifications to operate the public service activity. Resumes provided for all staff working on public services activity.	2-3 Touries, Augineary promities voue-metha soudent diamonic recent and some stiff remisser, 16 descriptions in consecutiff remisser, 16 descriptions in the contract of the c	I Four Applicant ders and genetic say flassand information, but presentle armanufich descriptions on the sext. Applicant diese and chairy description on the sext. Applicant diese and relative identified in the section pro operate the public diese and the section process the public diese and the section process that public diese and the section and	O Poisson: Augustesses belt questions blask/manavereed, applicant did not on differs the question being stiked and/ or over threshold.
Funding Need	25				
Applicant clearly demonstrates funding need	10	provided my and all additional details needed to provide a clear overview of the strength of the program's finances, Applicant describes operating deficit due to increased operating cost, reduced participation, reduced funding, etc. Applicant provided community assessment (increase or observations), identify needs	not provide additional details necessary to provide clear overview of the strength of the programs finances and operating deficit due to increased operating cost, reduced participation, reduced finading, etc. Applicant provide somewhat unclear community assessment (surveys observations), identify needs by "Neighborhood Aisociation or observations), identify needs by "Neighborhood Aisociation or the provided of the provide	17 You'er, Applicant did not complete stil parts as instructed and did not provide a production and discount periods are reduced to provide a citize overview or dhe trength of the program's finances and operating felicit for the interested operating cost, reduced, pustiguishous, reduced funding, ere. Applicant does not identify who is responsible for maintaining the fanaucial records and does not provide requested information.	O Points: Applicant left question Mata/vanasevened or applicant did nor address the question being saked
Not seedived any NOF CDBG over the last two years	10	program expenses. Application provided proof of other funding	2-3 Points Additional funding vouses may not cover emailing opposes negenes. Food of other finds in not often and /or Applicant has secound NOF CDBO in the past two years		O Points: Applicant left question Mata/vanasevened or applicant did not address the question being sched
Not received additional federal funding for COVID- 19 response (ex. FFF)	5	4-5 Point: Applicant inhunited a signed PFP loans, CDBG CV found, SBA, AREA Affairst demonstrating that no other funding for COVID-19 select has been sectived.	2-3 Foliats: Applicant sectored 2 COVID-19 solet funding sources	Point Applicant sections 5 or more COVID-19 stilet funding touses.	O Pointer: Applicant left question blank/unsarrered or applicant did not address the question being asked
Project Description	45				
(Program Design and History) Scope adequately describes proposed activities and quality of project design	15	with budget, as well as provides realistic and achievable outputs and goals within a specific period.	budget. Applicant activity may or may not be aligned with public service	I Point: Applicant does not clearly define scope of work that aligns with budget. Applicant activity is not aligned with the public service activity.	© Points: Applicant left question blank/unnaversed or applicant did not address the question being ailed

Responses will be evaluated on a 5 point scale where a multiplier will be used (1, 2, and 3) to compute the total points for each area:

- □ 5 Points: criterion is clearly, directly, and verifiably satisfied
- ☐ 4 Points: criterion appears to be satisfied
- ☐ 3 Points: criterion appears to be satisfied, but is lacking in clarity or documentation
- ☐ 2 Points: criterion is only partially satisfied
- ☐ 1 Point: criterion is not satisfied
- 0 Points: question or questions are incorrectly answered or not answered completely



Strong Applications

- Program design that capitalizes on successful implementation and program strength
- Applicant has partnerships with the community in which they are working
- The organization has the capacity to comply with the program rules and guidelines
- A clearly defined Scope of work and staff roles (Program goals are realistic and achievable)
- Scope of work and budget align
- Clearly defined standards/metrics/outputs and outcomes



Strong Applications cont.

- The program addresses negative impacts pertaining to covid-19, (i.e. economic, health, racial inequities, etc.)
- Respond to all the questions
- Meets all the Threshold Requirements
- Every question is complete A blank answer is an automatic 0
- Allow yourself enough time to review you application before submitting
- Review you application so you can catch errors or missing attachments
- NAME YOUR ATTACHMENTS!
- PLEASE NOTE: Astrong application does not guarantee funding; it does however make your application more competitive.



Budget

- Who is responsible for maintaining your organization's records?
- Describe your financial management system.



Budget

Complete the following budget form for the requested public service activity:	Amount from other funding source(s)	Amount from 2021-2022 CDBG/NOF
PERSONNEL (List title for each position covered in this request - should match total from salaries- Org-10)		
Employer Taxes (FICA., etc.)		
Fringe (health insurance, life insurance, etc.)		
Independent contractor consultant personal services contracts (List title for each & hourly rate or weekly pap or other fee scale)		
OPERATING EXPENSES (pro rata share)		
SPECIFIC PROGRAM/PROJECT EXPENSES - Excluding personnel		
SPECIFIC PROGRAMPROJECT EAPENSES -Excluding personnel ([Itemize)		
TOTAL AMOUNT REQUESTED FROM CDBG/NOF		1
TOTAL TRANSPORTED THOSE CONSTROL		

What are we looking for:

- 1. Budget is accurate, reasonable, necessary, and related to proposed activity.
- 2. Did you accurately describe and justify each proposed budget line item?



How to Prepare

Start gathering your necessary attachments.

 Article of Incorporation & Certificate of Good Standing https://cofs.lara.state.mi.us/corpweb/HelpPages/OrderSystemInfo.aspx

Michigan Nonprofit Annual Report

https://www.michigan.gov/-/media/Project/Websites/lara/cscl/Folder6/BCS_CD_269_08-15.pdf?rev=ba6f6a6c310e4cdca3ee845826385270

Make sure you have a digital and hard copy of attachments

Review your program description (is it clear and concise)

Create an expense list (what do you NEED for your program)

Make a list of your community supporters or organizations you collaborate with



GOOD LUCK!

