

CITY OF SAINT PAUL Request for Proposal Community Gun Violence Prevention FY 2023

Introduction to ONS

The Office of Neighborhood Safety was launched in 2022 and reflects the expansion of Mayor Carter's Community-First Public Safety (CFPS) Framework which incorporates balanced investments in policing and an array of strategies focused on addressing the root causes of crime in pursuit of the most comprehensive, coordinated, and data-driven approach to public safety Saint Paul has ever endeavored.





ONS Grant Programs – Current and Planned

- Recognizing the gun violence across the City of St. Paul and the trauma it inflicts on families, communities, and neighborhoods alike, the City of St. Paul and Office of Neighborhood Safety has launched the Neighborhood Safety Community Council Grant Program. To achieve and sustain a reduction in gun violence and improve the quality of life in affected communities, the City is investing in organizations with strong track records of delivering quality anti-violence interventions to help them expand and strengthen their efforts.
- The Neighborhood Community Council Grant Program will focus on supporting grass root organizations with a proven track record working in neighborhoods vulnerable to gun, group and youth violence to expand their reach, deepen their impact, and achieve scale.



Community Gun Violence FY23 RFP

- The City of Saint Paul's Neighborhood Safety Community Grant funding announcement is designed to supports programs that promote health and well-being for the Saint Paul community and reduce barriers to safety by disrupting gun violence trends
 - The NSCC Grant Program is designed to provide intensive investments and supports for collaborative gun violence prevention within focused service areas (defined as qualified census tract).
 - Programs should creatively incorporate elements of Community First Public Safety recommendations and seek to prevent, intervene, interrupt activities that impact public safety and/or rehabilitate communities adjacent to or impacted by violence.



Questions? Contact ONS not other City Officials

• To ensure a fair and equitable process, award decisions will be made by a committee (to be explained further later in presentation)

Contacting City personnel, Mayor's office, or other City officials not from the ONS team about your application can result in removal from consideration



Eligible Program Activities





Funded Activities

- Recruitment/Outreach
- Community Education Sessions
- Public Safety Announcements Campaigns
- Gun Safe Commitments



Recruitment Outreach

• **Recruitment/Outreach:** Connecting with community and encouraging them to apply for a service or make a commitment to public safety efforts that will assist in gun violence prevention.

Community Education Sessions

• **Community Education Sessions:** An event hosted by the applicant organization that aims to educate the community on various topics. An educational session should consist of public speaking engagement or conversations, materials that recognize, advocate, educate, and/or focus on gun violence prevention.



Public Safety Campaigns

• **Public Safety Announcements Campaigns**: Campaigns that involve creative, non-enforcement-based approaches to increase safety for St. Paul residents. This can include traditional media, handouts and materials provided for the Office of Neighborhood Safety and community members, community engagement, program launch and other creative measures.



Gun Safe Commitments

• **Gun Safe Commitments:** Documentation in a physical form or recorded ledger that shows commitment to reduction in possible gun violence.



Gun Safes

Gun safes and locks can be secured through Department of Public Safety's Make Minnesota Safe & Secure program (<u>https://dps.mn.gov/safe-</u> <u>secure/Pages/default.aspx</u>) and should only be purchased with grants funds after this resource has been exhausted.



Selection Process





Merit Based Review

Two stage review process that will consider applicants against a preset criteria

Stage 1- Application will be reviewed and scored individually based on the following:



Organization Capacity – 35 points

- Experience managing gun violence intervention programs
- History of working with residents in Saint Paul
- Staff and leadership that reflects the needs of the community to be served



Project Design-55 Points

- Capacity to accommodate all Saint Paul residents, particularly under served
- Clearly defined education campaign elements
- Well defined key messages
- The content and messaging will advance the City defined program goals



Workplan-10 Points

- The work plan is complete
- Follows the strategic plan of your project
- Listing of targeted dates
- Materials/How to obtain materials
- The proposed targets seem reasonable
- Staffing allotment and Developmental Training



Committee Review

Stage 2- A committee will then discuss and finalize award recommendations informed by the application score, and other criteria defined in the RFP

Please note, the City can decide not to move an application forward for committee review if the applicant does not meet eligibility criteria or management concerns are present.



Overview of Grant Criteria







Program guidance explains:

- The programs goals
- What activities can be paid for with this grants
- How grantees will be paid
- Instructions for how to apply for funding

https://www.stpaul.gov/departments/neighborhood-safety/grant-application



Due Date: March 22, 2023

- Online application: <u>Application Form (zoomgrants.com</u>)
- All applications must be received no later than 11:59 p.m. Central Time on the deadline.
- *Plan ahead!* The City will not be responsible for delays caused by computer or technology problems



Summary of Anticipated Awards

Funding	Estimate
Estimated Total Funds to be Awarded	up to \$1,000,000
Estimated Number of Awards	5-10
Individual Award Ceiling (Maximum)	\$174,900 (\$87,450 annually x 2 years)
Estimated Individual Award Minimum	\$87,450 (\$43,725 annually x 2 years)



Questions? Contact ONS not other City Officials

• To ensure a fair and equitable process, award decisions will be made by a committee (to be explained further later in presentation)

Contacting City personnel, Mayor's office, or other City officials not from the ONS team about your application can result in removal from consideration

Eligible Applicants

- Non-Profit Organization recognized as 501 (c)(3).
 - This includes Faith based organizations that maintain 501 (c)(3) status who have the capacity to separate core operations from religious activities (such as Church service or religious outreach).
- Core business operations based in the City of Saint Paul. This requires a core service location with a physical address within the City of St. Paul



Fiscal Sponsor

- Organizations without an active 501 (c)(3) address can apply for funding through a fiscal sponsor.
 - The application is submitted through the fiscal sponsor's name and will require the fiscal sponsor's legal information
 - A signed letter of commitment from the fiscal sponsoring organization is required to be scanned and attached to the application.



Eligible Recipients (Participants in the Program)

The Type of Activity Drives the Eligibility of Participants:

- **Individual:** must be from a household identified as moderate income, with income at or below 300 percent of the FPG for the size of its household based on the most recently published poverty guidelines by HHS or (ii) income at or below 65 percent of the AMI for its county and size of household based on the most recently published data by HUD.23.
- **Community level intervention:** The program activities must target communities and neighborhoods located within <u>Qualified Census Tracks</u>.





Qualified Census Track

Easiest approach:

- Your program activities take place and/or target residents of QTC. Confirmed through address zip code
- Your programs activities take place and target students enrolled in schools located within QTC. Confirmed through school enrollment or activity being provided in partnership with the schools



Individual Income

Will need to document that the individual qualifies. Several options for documenting eligibility:

- Enrollment in another federal program designed to alleviate issues of poverty. Example free and reduced lunch.
- Income of the family

Eligible Costs

All program funding must be directed towards the specific costs of the program and cannot be spent on other activities of the organization. Examples of program related costs:

- Program Personnel
- Mileage
- Program Specific Supplies
- Office Expenses for the program personnel
- Outreach and educational materials
- Participant Support Costs
- Admin/Indirect and Fiscal agent fees



Eligible Costs-participant support costs

- Participant Support Costs defined as stipends for youth and young adult involved in gun violence for their attendance specifically at community education sessions.
- Other forms of Financial Assistance for clients and participants are not being permitted through this program



Eligible Costs-outreach materials

- No general marketing costs (agency website, annual reports, etc.)
- Project specific outreach materials or media allowable



Eligible Costs-admin

- Admin/Indirect: Cannot exceed 10% of grant funds. Indirect costs are costs for activities, goods or services that benefit more than one project and cannot be traced to a specific program.
- Examples of admin costs include HR, accounting and bookkeeping fees.

If your program is using a fiscal sponsor, their fees must fall into this cap.



Ineligible Costs

- Religious Activity
- Lobbying
- Purchasing of food
- Out of State Travel
- Equipment



Payment Structure

Award Recipients will be paid a fixed rate for work <u>performed</u>. Payments will be varying rates based on the activity, with payments made when the award recipient confirms completion of the following:

- \$40 per participant at community education session
- \$1725 per Community Education Sessions
- \$12,700 for comprehensive campaign offering Public Safety Messaging
- \$285 paid for every signed Gun Safe Commitments

The City will pay up to amount of award. If activity exceeds total award, the City cannot pay more.



Payment Structure

Activity description	Staff Role or	Annual	2 Year	\$ Per	Annual	Total
	Entity	Performance	Performance	activity	Total	Request
	Responsible	Target	Target			
Recruitment/outreach	Project	360	720	\$40.00	\$14,400	\$28,800
per session	Coordinator					
Community Education	Project	12	24	\$1,725.00	\$20,700	\$41,400
Sessions	Coordinator					
Public Safety	Project	3	6	\$12,700.00	\$38,100	\$76,200
Announcements	Coordinator					
Campaigns						
Gun Safe	Project	50	100	\$285.00	\$14,250	\$28,500
Commitments	Coordinator					
TOTAL REQUEST					\$87,450	\$174,900



Management Structures Required for Federal Funds





Risk Assessments

- The City of Saint Paul is required to conduct a management risk assessment for all award recipients
 - You must be in good legal standing with the State of Minnesota (active 501 c 3 with current filings) at the time of application.
 - If you application is selected for funding, your organization may be required to take additional steps, including the attendance at mandatory technical assistance sessions explaining requirements for accepting and managing federal funds.



Fiscal Sponsors Management Responsibilities

- If your organization does not have the management structures to manage a federal award, you may choose to use a fiscal sponsor
- All of the responsibilities then pass to the fiscal sponsor (which is why the City allows a fee to be billed for this service)

Its important to explain to your partner before application that all management requirements will legally fall to them.



Legal and Administrative Structures

Post Award, your organization will be required to provide (and acquire, if necessary):

- Proof of registration as a vendor with the City of Saint Paul
 - Current W-9
 - Liability insurance or applicable waivers
 - Affirmative Action Plan on file
- You must have an active Federal Unique Entity Identification (UEI) registration.



Application Process



Application Process

- The City is utilizing ZoomGrants.com as the application software for this Grant.
- The ZoomGrants application will require a ZoomGrants login.
- All application questions, forms, and applicant contact information will be collected within the ZoomGrants application.
- **PLEASE NOTE:** The RFP can provide additional details and further explanation of the Application questions and required documents.



Check List

Required for Application Submission

- ZoomGrants Application Tabs (Multiple questions applicants will answer in the online application)
 - Applicant Organization Information tab
 - Applicant Summary tab
 - Project Narrative tab
- Attachments (Documents to be filled in and then uploaded to the application)
 - Budget and Work Plan Form (City defined form)
 - Conflict of Interest Form (City defined form)
 - Financial Questionnaire (City defined form)
 - Applicant Financial Statements
 - Federal Tax Ruling Letter
 - Fiscal Sponsor Letter (if applicable)



City of Saint Paul Office of Neighborhood Safety

Where to start? The Grant Webpage!

SAINT PAUL I WANT TO RESIDENTS BUSINESSES VISITORS GOVERNMENT OF TRANSLATE

https://<mark>www.stpaul.gov</mark>/departments/neighborh d-safety/grant-application

Community Gun Violence Prevention Grant Request for Proposal

The City of Saint Paul is accepting requests for proposal for programs that promote health and well-being for the Saint Paul community and reduce barriers to safety by disrupting gun violence, youth violence, and group-based and structural violence trends. Programs should creatively incorporate elements of Community First Public Safety recommendations and seek to prevent, intervene, interrupt activities that impact public safety and/or rehabilitate communities adjacent to or impacted by violence.

This project is being supported, in whole or in part, by federal award number SLFRP1612 awarded to City of Saint Paul by the U.S. Department of the Treasury.

Find more information about the program details, selection process, and application instructions and materials in the Request for Proposal document. 🗊

Application Process

The application deadline is March 22, 2023. All applications must be received no later than 11:59 p.m. Central Time on the deadline.

Late applications will not be accepted. It is the applicant's sole responsibility to allow sufficient time to address all potential delays. The City will not be responsible for delays caused by mail, delivery, computer or technology problems.

Applications must be submitted through the online ZoomGrants Application system. Applications can be accessed via the link below, which will bring you directly to the application specific to this program.

Submit an Application

Informational Webinar

Join ONS Director Brooke Blakey and other City staff members for an informational webinar on February 23 at 6 p.m. Register and join the event.

Supporting Documents

- Grant Request for Proposal (RFP) 📲
- Applicant Checklist 🚮
- Applicant Conflict of Interest Form 🔎



least 1 letter and 1 numbe We do not sell or rent your personal information to anyone. Ever.

ZoomGrants Profile Setup & Login

- Must have a ZoomGrants account to apply.
- <u>Please note:</u> The email address utilized for the ZoomGrants profile creation will be the only email able to access and edit the application.

		h	ing ZoomGrants™ Users: Email Password ed in? (Admins and Reviewers only) Login Forgot password? HELP RESOURCES A▲▼
City of Saint Paul			Search Search New ZoomGrants™
Open Programs		How do I do this?	Email Password
Community Gun Violence Prevention ONS 4/11/2023 - Organizations Only	You must be logged in to start a new application.		First Name Last Name Account Type Organization New Account If you already have an account, Login Here as an existing ZoomGrants user.
			Password must be 8-16 characters and contain at



ZoomGrants Application Tabs

• The ZoomGrants Application is separated into three (3) main tabs with the optional "Documents" tab.

Applicant Organization Information	Applicant Summary	Narrative	Documents
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Applicant Organization Information

• The Zoomgrants Applicant Organization Information tab will gather most of the applicant's essential contracting information.

Applicant Organization Information	(answers are saved automatically when you move to another
Instructions Showhide	
This tab will gather general applicant organization information. See RFP for details.	
NOTE: The email entered under the Applicant Information section will received any notices on application status, follow-up requests, and reporting reminders. Please be conscientious of the email entered in this section.	
NOTE: The Authorized Organization Representative (AOR) will be the name and contact information utilized in the contract document, should your application be selected for funding. An AOR must be someone who is legally rec	recognized to represent the Consolitation
The Tree memory of gamma conservation of the second se	recognized to represent we organization.
Project Title:	
Applicant Information	
First Name	
Last Name	
Telephone	
Email	
Organization Information	(changes to this data will be reflected on all other applications for this organiz
Organization Legal Name (must match federal tax ID)	
Address 1 Address 2	te
City	SI
State/Province	
ZIP+4/Postal Code Country	United
	Edit Addre
Telephone	
Pax (optional)	
Website (optional)	
Federal Tax ID (EIN) (02-000000)	10-1030030X
UEI Number	
IRS Verification	
in a remicesion No current exempt RS record was found for IDN xx-xxxxxx. (Due to the RS data sharing policy, ZoomGrants is unable to verify your RS information. This does not mean the information is invalid. You can You might by searching the list of organizations whose federal tax exemption was automatically revoked located at the <u>IRS select Check Site</u>	can continue to submit your application as the system will repeatedly verify your information).
Authorized Organization Representative (generally CEO or Director)	
First Name	
Last Name	



Applicant Organization Information: AOR

• Authorized Organization Representative (AOR) = The person that has the legal authority to enter contracts on behalf of the Organization.

Authorized Organization Representative (generally CEO or Director)	
First Name	
Last Name	
Title	
Email	





Applicant Summary

- The ZoomGrants Applicant Summary tab will gather the rest of the applicant's essential information.
- <u>Please note:</u> This tab will also be where the required application documentation will be managed and uploaded (detailed in later slides).

Applicant Summary

Instructions Show/Hide

Please complete the fillable fields below and upload all required documention located at the bottom of the page. See RFP for details.

Additional Organization Information

1. DBA/Doing Business As

This field is optional and can be used if the name commonly associated with your organization is different than the legal name. If not applicable please enter "N/A" in the field below.

//.

Maximum characters: 255. You have 255 characters left

2. Type of Business

Check One (1)

- Corporation
- Limited Liability Corporation
- Non-profit/Charity
- Partnership
- Joint Venture
- Non-profit/Charity

3. If you have a remit address, please enter it in the field below. If you do not have a remit address, please enter "N/A" in the field below.

A remit address would be used to send payments if different than legal address



Applicant Summary: Sponsor or Fiscal Agent Questions

• If using a sponsor or fiscal agent, you will also enter necessary information for them within this tab.

0	Yes	
0	No	
6. Name	of the Sponsored Applicant Organization	
This sho	uld be the name of the organization that will be performing the grant work plan activities.	
Maximum c	characters: 255. You have 255 characters left.	
7 0		
	sored Organization Primary Address	
	sored Organization Primary Address Iress should be the business address for the organization that will be performing the grant fu	inded acti
	-	inded acti
This add	Iress should be the business address for the organization that will be performing the grant fu	inded acti



Applicant Summary Tab: Document Requests

- The Documents Requested section requires five (5) documents to be uploaded for an application to be submitted.
- Where noted, applicants must use the pre-built forms. To utilize the pre-built forms, click the "download template" button.

Documents Requested *	Required?	Uploaded Documents *	
Budget and Work Plan Form. Download the template, complete the form, then re-upload into this same slot.	Required		Upload
Download template: Budget and Work Plan Form			
Applicant Conflict of Interest Form (CIF) <u>Download template: Applicant Conflict of Interest Form (CIF)</u>	Required	-none-	Upload
Applicant Financial Questionnaire <u>Download template: Applicant Financial Questionnaire</u>	Required	-none-	Upload
Audited Financial Statements: Provide a copy of audited financial from the most recently completed fiscal year. If the applicant organization does not have audited financials, provide a copy of the most recently submitted Form 990 tax form.	Required	-none-	Upload
Federal Tax Identification Letter	Required	-none-	Upload
Fiscal Sponsor or Agent Letter of Commitment (if applicable)		-none-	Upload



Documents Requested: Budget and Work Plan Form

- The form has built- in formulas, do not adjust or edit any of them.
- The applicant will fill in the staff role or title.
- The applicant fill out the number of people proposed to be reached, or the number of times an activity will take place under the annual performance target.
- Annual targets will then automatically be used to calculate 2year performance targets.
- As grantees will be paid at a set rate for each activity, these performance targets also calculate the budget request.

City of Saint Paul				
Gun Violence Preventie	on Application Budg	et and Workplan		
Legal Name of the Appl	icant Organization:			
Organization DBA:				

Instructions: Applicants insert information into the blank cells, which will then auto populate the other cells marked in grey. Requests cannot exceed \$87,500 annually. The validation field at the bottom is provided as reference tool to ensure the requested amount does not exceed the allowable amount (will turn red if exceeds allowable budget).

	Workplan			Budget		
Activity description	Staff Role or Entity Responsible	Annual Performance Target	2 Year Performance Target	\$ Per activity	Annual Budget Request	TOTAL REQUEST
Program Attendance			0	\$40.00	\$0	\$0
Community Education Sessions			0	\$1,725.00	\$0	\$0
Public Safety Announcements Campaigns			0	\$12,700.00	\$0	\$0
Gun Safe Commitments			0	\$285.00	\$0	\$0
TOTAL REQUEST	1	1	1	J <u></u>	\$0	\$0
				Maximum Allowable Request	\$ 87,500.00	
				Validation	\$ 87,500.00	



Documents Requested: Budget and Work Plan Form

• When the form is filled in completely, upload the document to ZoomGrants by clicking the "Upload" button.

Documents Requested *	Required?	Uploaded Documents *	
Budget and Work Plan Form. Download the template, complete the form, then re-upload	Required		Upload
into this same slot.			Upload
Download template: Budget and Work Plan Form			



Documents Requested: Applicant Conflict of Interest Form

CITY OF SAINT PAUL

CONFLICT OF INTEREST STATEMENT FOR APPLICANT ORGANIZATIONS

- Download the form template.
- Have the authorized representative complete and SIGN the form.
- Upload the completed form into the Conflict of Interest upload.

To Whom It May Concern:

______(the "Organization") is providing this Conflict of Interest Statement in relation to the program or project set forth in the Organization's application materials (the "Program" or "Project"). The Organization has a conflict-of-interest policy which applies to all of its board members, directors, officers and employees.

On behalf of the board members, directors, officers and employees, the Organization declares that no conflicts of interest currently exist or that any possibilities of conflicts of interest have been disclosed to the City of Saint Paul ("City") in connection with receiving funds through the City. The Organization further declares that any possibility of a conflict of interest which may arise in the future in connection with the Program and/or Project will be disclosed to the City.

A conflict of interest exists or may exist whenever a board member, director, officer, or employee knows or has reason to know that any activity, involvement, interest or relationship, directly or indirectly, in connection with the Program and/or Project, of a person or a person's spouse or dependent(s) to which that person is a participant, receives or may be perceived as receiving any monetary or other material benefit to that person, person's spouse or dependent(s).

This Conflict of Interest Statement must be signed by the CEO or a Board Member or Officer of the Organization.

ORGANIZATION

First and Last Name :

Signature: _____

Date:

Required

-none-





SAINT PAUL

Documents Requested: Applicant Financial Questionnaire

- Download the form template.
- Make sure someone knowledgeable about the organization's financial and management structures is the one completing the form.
- Upload the completed form into the Applicant Financial Questionnaire upload.

Applicant Organization Name:	Unique Entity Identifier	(
	Applicant Financial Questionnaire	
	Questions	Answer: Yes, No
	Compliance: Federal and Local	
Does your Organization have a conflict of interest form		
Does your Organization have a mandatory disclosure p		
	History of Performance	
	rough or grant funding from the City, or has your Organization received City pass	s-through funding
within the last three (3) years?		
If yes, please list the date of the award(s), grant type(s), amount(s), and the City Department(s) you coordinated with in the field below	
	Financial Capacity	
	respond "Yes" to any of the questions within this section the City may request supporting a	focumentation.
Does your Organization have multiple revenue streams		
Does your Organization currently receive Federal Gran		
Does your Organization currently receive State Grants		
Does your Organization currently receive Local Govern		
Does your Organization currently receive Private Found		
Does your Organization currently receive any other typ		
Please provide a general description of your Organizati	ion's history of grant revenue and the largest source of your Organization's fundi	ng:
Does your Organization have a financial shortfall?		
If yes, please detail the amount and duration of the s	hortfall, and any efforts to remerk-	
. Jest prese actain one annound and an annound of the		
	Management Systems and Standards	
Does your Organization staff have experience with ope	rating and managing federal grants?	
If yes, please provide a brief description of their expe	rience operating and managing federal grants:	
Does your Organization have a full-time accountant on	staff, or does the Organization contract for accounting services?	
If no, please elaborate on how you are managing acc	ounting for your Organization:	
Dans your Organization's based of directory or gaugesi	ng board review financial statements for the organization and its programs at lea	Substantia Substantia
	stem with the capacity to track and report on different grant funding and progra	
of funds separately?	seen met die coporty to coor and choir on and circle point ranging and progra	
	Ability to Effectively Implement the Project	
Have your Organization's key personnel (CEO, CEO, Pro	gram Manager, Program Director) undergone significant turnover within the last	t 12 months?
If yes, please describe this change:		
	erience with the requirements of this program, or other Federal grant programs	
	tracts to perform on the award, do you have processes in place to monitor (exam	ples: staff to oversee
awards, report forms developed, guidance materials for		
If yes, please briefly describe the monitoring processe	is in place:	
	Audit Reports and Findings	
Has your Organization recently (within the last three (2)		
Has your Organization recently (within the last three (2)		
If there were any findings or concerns please describe	corem and one accounts taken to correct them:	
Questions utilized within this form were derived from 2 CFR	200 guidance and requirements (2 CFR 200.112, 200.113, 200.332(b) & 200.500 Subpart	<i>ŋ</i> .
CERTIFICATION ON BEHALF OF THE APPLICANT ENTIT	TY(Must be made by the chief executive, executive director, chief financial offic	er, designated authorized representative ("AO
	official with the requisite knowledge and authority).	
Certification: On behalf of the applicant entity 1 certific	to the City of Saint Paul that the information provided above is complete and co	prest to the best of my knowledge. I have the o
authority and information to make this certification on		the second of the second s
		Date:
	Com	pleted By Signature:
		Completed By Title:

Required

-none-

Uploa



Documents Requested: Audited Financial Statements

• Upload the appropriate documentation into the Audited Financial Statements upload.

Audited Financial Statements: Provide a copy of audited financial from the most recently	Required		Unload
completed fiscal year. If the applicant organization does not have audited financials,		-none-	Upload
provide a copy of the most recently submitted Form 990 tax form.			



Documents Requested: Federal Tax ID Letter (501c)

- Provide proof of the applicant organization's federal tax status by providing a copy of the Employee ID Number (EIN) letter.
- For non-profit entities this is generally called the 501(c)(3) Letter.
- For organizations without a tax identification number, provide a copy of the fiscal agent's letter of commitment to serve as a fiscal sponsor for this application and a copy of the fiscal agent's EIN letter.

Federal Tax Identification Letter	Required	-none-	Upload



Documents Requested (if applicable): Fiscal Sponsor or Agent Letter of Commitment

- IF APPLICABLE Fiscal Sponsor or Agent Signed Letter of Commitment .
- Must be on letter head and signed by an authorized representative (generally the CEO) of the fiscal sponsor agency.

Fiscal Sponsor or Agent Letter of Commitment (if applicable)

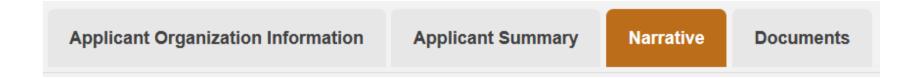
-none-

Upload



Narrative Tab

• The questions within this tab will heavily drive the application scoring.





The (Optional) Documents Tab

• This tab provides applicants the opportunity to upload documentation that is not required prior to submitting the application <u>but</u> will be required if you are selected to receive these grants funds.

Documents

Instructions Show/Hide

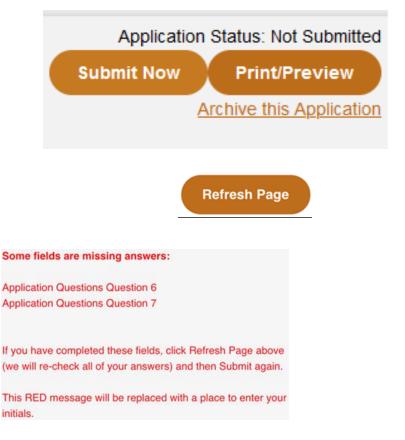
If your organization is selected for an award, additional information will be requested. The additional necessary documentation is listed below. For reference, the information that will be required is being provided now BUT WILL NOT BE REQUIRED TO BE COLLECTED UNLESS YOUR ORGANIZATION IS SELECTED FOR FUNDING. Please be aware that should your organization be selected for an award the following documents <u>must</u> be collected before the City can enter into a grant agreement with the recipient organization and receive payments.

Documents Requested *	Required?	Uploaded Documents *	
W-9: This form will be used to create or update a vendor ID with the City payment system.		-none-	Upload
Copy of Liability Insurance Policy: Attach a current certificate of insurance (COI) signed by subrecipient's insurance agent, and worker's compensation insurance (or exemption form).		-none-	Upload
Current Affirmative Action Plan on file with the City of St. Paul		-none-	Upload
Placeholder for Additional Documentation		-none-	Upload
Placeholder for Additional Documentation		-none-	Upload



Submitting Your Application

- Once you have answered all questions and uploaded the required documentation, click on the "Submit Now" button.
- The ZoomGrants application system will automatically run a check to make sure all required elements were completed.
- If a required element is missing, red text will appear detailing what must be answered or uploaded prior to application submission.





End of Application Process Walk Through:

• Remember to refer to the RFP for guidance!



Conclusion

Due Date: March 22, 2023

Contact Information: <u>ons@stpaul.gov</u>