

This application must be completed in one session which includes submitting all required documents which are listed here

here https://nw.mercycorps.org/sites/default/files/2023-05/mcnw%20clackamas%20county%20cbra%20attachment%20list_1.pdf.

Certain application questions allow respondents to either upload a document or address the question in writing directly below, while others will ask for an attachment response. Please refer to the question for details. Documents with an * are required.

When submitting your application, your organization must provide documents showing proof of negative financial COVID-19 impact (decreased unrestricted revenue, financial insecurity, increased costs, capacity to weather hardship, challenges covering payroll, rent or mortgage, and other operating costs) between March 3, 2021 and May 11, 2023.

Documents showing proof of COVID-19 impact will vary by organization. For documents demonstrating COVID-19 impact, consider providing documents that demonstrate pre-COVID (last full fiscal year before January 27, 2020), pre-harm (January 28, 2020 - March 2, 2021), and the harm period (March 3, 2021 - May 11, 2023).

Not properly responding to a question or incorrectly naming attachments will adversely affect your application score.

Most files must be in PDF format.

Attachment naming conventions:

Attachment #_Name of organization_Description

Applicants with additional questions can book a 1-on-1 meeting with the Clackamas County Recovery Program Manager for Mercy Corps Northwest here <https://outlook.office365.com/owa/calendar/mcnwclackamascountyrecoveryprogram@merc>

ycorpsorg.onmicrosoft.com/bookings/>.

1. Eligibility

The following organizations are not eligible to apply:

- Passive real estate holding companies and others holding passive investments.
- Non-profit entities that do not have federal 501(c)(3) or 501 (c)(19) status.
- Non-profit entities that are delinquent on federal, state or local taxes that were due before April 1, 2020.
- Non-profit entities not in compliance with all federal, state and local laws and regulations.
- Non-profit entities without principal operations in Clackamas County.
- Non-profit entities not registered to do business in Oregon (Secretary of State Business Registry verification).
- For profit businesses.

By checking this box, I certify that this organization does not fit any of the above statements. *

Organizations must meet all of the following minimum requirements to be considered. Please check each of the following boxes to confirm your eligibility.

My organization has an office located in Clackamas County. *

My organization is registered as a non-profit with Clackamas County. *

My organization offers services in Clackamas County. *

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- My organization is a 501(c)(3) or 501(c)(19) non-profit. *
- My organization has an active registration with the State of Oregon as a non-profit organization. *
- My organization employs 150 or fewer full and part time employees. *
- My organization has an annual operating budget of less than \$20 million. *

Attachment 1: 501(c)(3) or 501 (c)(19) exemption certificate

Unlimited number of files can be uploaded to this field.

50 MB limit.

Allowed types: pdf.

No file chosen

Attachment 2: Form 990 (most recent)

Upload most recent Form 990.

For faith-based organizations that do not typically submit Form 990s to the IRS, please provide a copy of your most recent Balance Sheet and your most recent payroll report.

Unlimited number of files can be uploaded to this field.

50 MB limit.

Allowed types: pdf.

No file chosen

Have you applied for or are you planning to apply for assistance payments from the other organizations administering the Clackamas County Nonprofit Capacity Building Recovery Assistance (CBRA) Program?

Applicants may apply to more than one organization, but may only receive assistance payment from one organization administering the CBRA Program.

Only MCNW

Clackamas Workforce Partnership

Clackamas Women's Services

Unsure

2. Proposal

2.1 Contact Information

Legal organization name

Alternate name / Acronym (optional)

Principal office address

Address

Address 2

City

State

ZIP Code

If your principal location is not in Clackamas County, please list all Clackamas County office location(s).

Additionally, if you have multiple office locations in Clackamas County, please list all of those.

Put N/A if not applicable.

Mailing address

Address

Address 2

City

State

ZIP Code

####

Organization website

Executive director name

Program contact name

Board-authorized person for this application.

First

Last

Program contact title

Program contact email

Program contact office phone

###-###-####

Program contact mobile phone

###-###-####

2.2 Organizational Details

Provide a brief agency overview

Mission of organization

Objectives of organization

What is your organization’s industry/NAICS code?

Most non-profit organizations will have an NAICS code beginning with “813.” If your organization has an UEI (DUNS) number, your NAICS number is likely listed in your business profile.

Otherwise, you can identify your organization’s NAICS code using this website<<https://www.naics.com/search/>>.

#####

Employer Identification Number (EIN)

Oregon Business Identification Number (BIN)

Based on your organization’s most recent complete fiscal year, how many people did your organization serve?

Of the total listed above, what number of individuals served were located in Clackamas County (can be the same or less than the above total)?

Select all groups that your organization served last year:

*Poverty is defined as low income at or below 185% of the Federal Poverty Guidelines for the size of its household based or below 40% of the area median income for its county and size.

For Clackamas County the community threshold for a household size of 3 is \$40,626.

- Aging
- People of color
- Members of religious minorities
- LGBTQIA+

- Persons with disabilities
- Persons who live in rural areas
- Persons adversely affected by persistent poverty or inequality*
- Youth
- None of the above

Select each category from the list below that, by your estimate, make up at least 10% of your client/service population.

- Aging
- People of color
- Members of religious minorities
- LGBTQIA+
- Persons with disabilities
- Persons who live in rural areas
- Persons adversely affected by persistent poverty or inequality
- Youth
- None of the above

Does your organization have an office located in a Qualified Census Tract in Clackamas County or in a location that is operated by Tribal governments or on Tribal lands? If so, your organization may be presumed to be disproportionately impacted by COVID-19. Select all that apply.

Your organization must have a physical address within the designated areas.

- Tract 222.01 (SE 82nd - I205, N of Sunnyside to SE Clatsop)
- Tract 217.00 (Jennings Lodge/Gladstone area)
- Tract 221.08 (Clackamas Industrial area)
- Operated by Tribal government or on Tribal lands
- None of the above

When was your organization established?

Month and year are most important.

mm/dd/yyyy

What percentage of your Board of Directors and Senior or Executive Leadership are members of the following underserved groups?

Underserved populations include: Native Americans, members of Oregon’s nine federally recognized tribes, American Indians, Alaska Natives; Black, Africans, African Americans; Latino, Latina, Latinx; Hispanics; Asians; and/or Pacific Islanders.

Attachment 3: List of Board Members and Executive Team

Include a list of current Board Members and Executive Team. Include the following information: name, contact information (address and phone), role/title,

and length of time in current position.

You may choose to also include voluntary demographic information to assist in reporting : Race, Gender, Sexual Orientation, Veteran Status, Disability.

One file only.

50 MB limit.

Allowed types: pdf, doc, docx, xls, xlsx, xml.

No file chosen

2.3 Organizational Impact from COVID-19

This section will factor heavily in the scoring process.

Select all areas in which your organization has been impacted by COVID-19 between March 3, 2021 and May 11, 2023:

Decreased total UNRESTRICTED revenue, using ANNUAL figures from prior to the pandemic as compared to a year during or subsequent to the pandemic (unrestricted revenue does not include grant revenue or revenue intended for a specific purpose by the donor)

Financial insecurity (e.g. very low cash reserves, etc.)

Increased unrestricted costs (e.g., uncompensated increases in service need, etc.)

Capacity to weather hardship, defined as insufficient reserves to sustain the organization during financial downturns

Challenges covering payroll, rent or mortgage, and other operating costs

How has your organization been impacted by COVID-19 between March 3, 2021 and May 11, 2023?

Based on your selections above, describe in detail how COVID-19 has impacted your organization.

Include all that apply and describe this impact. Within your narrative explicitly

describe the documents that demonstrate COVID-19 impact. Provide documents that demonstrate evidence of these impacts and changes below.

Select all documents you are uploading that demonstrate proof of negative financial COVID-19 impact between March 3, 2021 and May 11, 2023.

Upload documents (copies only) you referenced in the above narrative that demonstrate proof of the negative impact of COVID-19 on your organization.

Documents should reflect: 1) annual financials before the negative financial COVID-19 impact; and 2) the negative financial COVID-19 impact during March 3, 2021 - May 11, 2023.

Documents showing proof of COVID-19 impact will vary by organization. For documents demonstrating COVID-19 impact, consider providing documents that demonstrate pre-COVID (last full fiscal year before January 27, 2020), pre-harm (January 28, 2020 - March 2, 2021), and the harm period (March 3, 2021 - May 11, 2023).

- Organization 990s (pre and post-COVID-19)
- Profit and Loss Statement (pre and post-COVID-19)
- Balance Sheet (pre and post-COVID-19)
- Statement of Cash flows (pre and post-COVID-19)
- Bank Statements (pre and post-COVID-19)
- Payroll payout report vs cash balance (pre and post-COVID-19)
- Mortgage/lease agreements (pre and post-COVID-19)

- Form 941 or 944 (pre and post-COVID-19)
- Statement of Activities (pre and Post COVID)
- Other documents not listed (pre and post-COVID-19)

Attachment 7a and 7b: COVID-19 Organization 990s

Attachment 7a: Pre-COVID-19 Organization 990
Attachment 7b: Post-COVID-19 Organization 990

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Attachment 8a and 8b: COVID-19 Profit and Loss Statement

Attachment 8a: Pre-COVID-19 Profit and Loss Statement
Attachment 8b: Post-COVID-19 Profit and Loss Statement

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Attachment 9a and 9b: COVID-19 Balance Sheet

Attachment 9a: Pre-COVID-19 Balance Sheet
Attachment 9b: Post-COVID-19 Balance Sheet

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Attachment 10a and 10b: COVID-19 Statement of Cash flows

Attachment 10a: Pre-COVID-19 Statement of Cash flows
Attachment 10b: Post-COVID-19 Statement of Cash flows

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Attachment 11a and 11b: COVID-19 Bank Statements

Attachment 12a: Pre-COVID-19 Bank Statements
Attachment 12b: Post-COVID-19 Bank Statements

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Attachment 12a and 12b: COVID-19 Payroll payout report vs cash balance

Attachment 12a: Pre-COVID-19 Payroll payout report vs cash balance
Attachment 12b: Post-COVID-19 Payroll payout report vs cash balance

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Attachment 13a and 13b: COVID-19 Mortgage/lease agreements

Attachment 13a: Pre-COVID-19 Mortgage/lease agreements
Attachment 13b: Post-COVID-19 Mortgage/lease agreements

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Attachment 14a and 14b: COVID-19 Form 941 or 944

Attachment 14a: Pre-COVID-19 Form 941 or 944
Attachment 14b: Post-COVID-19 Form 941 or 944

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Allowed types: pdf.

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Attachment 15a and 15b: COVID-19 Statement of Activities

Attachment 15a: Pre-COVID-19 Statement of Activities
Attachment 15b: Post-COVID-19 Statement of Activities

Unlimited number of files can be uploaded to this field.
50 MB limit.
Allowed types: pdf.

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Attachment 16a and 16b: COVID-19 Other documents

Attachment 16a: Pre-COVID-19 Other documents
Attachment 16b: Post-COVID-19 Other documents

Unlimited number of files can be uploaded to this field.
50 MB limit.
Allowed types: pdf.

No file chosen

2.3.1 Organization Capacity Building Needs

In order for your organization to recover from COVID-19, be more sustainable, and build its overall resilience, what are your organization’s top 1- 3 capacity building needs?

Please be specific. How will this funding address the impacts of COVID-19? What outputs and/or outcomes will be achieved? What will be accomplished by this project? Funding is not an appropriate answer on its own- for what do you want funding?

What assistance payment amount are you requesting?

The maximum assistance payment is \$80,000 total for any one organization.

Attachment 4: Proposed project budget

Download budget template here: **Budget template**<https://nw.mercycorps.org/media/9661>.

This is a draft budget. It will be finalized during the ASPIRE process after notification of intent to award. We encourage applicants to think about developing a budget with up to 10% for capacity building.

Eligible expenses:

- To respond to the negative economic impacts of COVID-19 while adhering to Coronavirus State and Local Fiscal Recovery Funds (SLFRF) Final Rule established by the US American Rescue Plan Act (ARPA).

Ineligible expenses:

- For all recipients except for Tribal governments; No extraordinary contributions to a pension fund for the purpose of reducing an accrued, unfunded liability.
- For all recipients: No payments for debt service and replenishment of rainy day funds; no satisfaction of settlements and judgements; no uses that contravene or violate the American Rescue Plan Act, Uniform Guidance conflicts of interest requirements, and other federal, state, and local laws and regulations.

Unlimited number of files can be uploaded to this field.
50 MB limit.

Allowed types: pdf, xls, xlsx.

Choose Files

 No file chosen

2.4 Organization Funding/Audit History

Has your organization ever received funds from Clackamas County?

This does not include Clackamas County being a pass through for federal or state funding.

Yes

No

If yes, what was date and the amount of the last award you received?

If no, put N/A

Has your organization ever received federal funds?

This includes federal funding passed through state, county, city or other government entities.

Yes

No

Has your organization ever received funding from the State of Oregon?

This includes federal funding passed through state, county, city or other government entities.

Yes

No

Has your organization previously received COVID-specific federal funding (CARES Act)?

If yes, please list the type of COVID funding received, the amount, what the COVID funding was used for, and the time period it was used.

Yes

No

If yes, please list the type of COVID funding received, the amount, what the COVID funding was used for, and the time period it was used.

If no, put N/A

Attachment 5: Previous federal COVID-19 funding award letter(s)

Unlimited number of files can be uploaded to this field.

50 MB limit.

Allowed types: pdf.

No file chosen

Select the most recent type of external audit your organization has completed.

- Independent financial audit
- Independent Single audit
- Independent financial review
- No independent audit or review

Attachment 6: External audit or review

Unlimited number of files can be uploaded to this field.

50 MB limit.

Allowed types: pdf.

No file chosen

2.5 Attestations and Signature

With my signature, I certify the following:

Attestation #1

1. I am authorized by the governing board of the applicant organization to submit this grant application;
2. The organization is in good standing with the Internal Revenue Service (IRS), retains its 501(c)(3) or 501(c)(19) tax exempt status;
3. The organization does not discriminate on the basis of race, color, national origin, sex (including sexual orientation and gender identity), religion, disability, age, or familial status (having children under the age of 18);
4. The organization understands that Mercy Corps Northwest will request information of the organization to assess its eligibility for the Coronavirus State and Local Fiscal Recovery Funds (SLFRF) and in relation to the use of these funds by the organization for Mercy Corps Northwest's quarterly and final progress reports;
5. The organization has not received any federal, state or County funds for the purpose of recovering any amounts claimed as financial harm within this application;
6. The organization understands and agrees that any misrepresentation or fraudulent certification may result in suspension or immediate termination of the organization's eligibility for this program and may give rise to legal action. Mercy Corps expressly reserves the right to pursue any and all legal remedies available under this agreement or at law;
7. The organization possesses all governmental and other certifications and licenses necessary to carry out its work and will comply with all applicable laws, regulations and rules in the performance of its obligations related to the Coronavirus State and Local Fiscal Recovery Funds (SLFRF);

8. The organization has not, and will not, engage in transactions with, or provide resources or support to, individuals and organizations associated with terrorism, including those individuals or entities that appear on the Specially Designated Nationals and Blocked Persons List maintained by the U.S. Treasury (<http://www.treasury.gov/resource-center/sanctions/SDN-List/Pages/default.aspx><<http://www.treasury.gov/resource-center/sanctions/sdn-list/pages/default.aspx>>) or the United Nations Security designation list (http://www.un.org/sc/committees/1267/aq_sanctions_list.shtml<http://www.un.org/sc/committees/1267/aq_sanctions_list.shtml>);
9. The Organization will be able to comply with and train its employees in all applicable laws against bribery, corruption, inaccurate books and records, inadequate internal controls and money-laundering, including the U.S. Foreign Corrupt Practices Act and the UK Bribery Act and has not engaged in, and will not engage in, any of the following conduct: (A) trafficking in persons (as defined in the Protocol to Prevent, Suppress, and Punish Trafficking in Persons, especially Women and Children, supplementing the UN Convention against Transnational Organized Crime); (B) procuring a commercial sex act; or (C) using forced labor. The organization understands that, if selected, it will be subject to the Mercy Corps' Child Safeguarding, Prevention of Sexual Exploitation and Abuse of Beneficiaries and Community Members, Anti-Trafficking, and Sexual Misconduct policies (available at <https://www.mercycorps.org/who-we-are/ethics-policies><<https://www.mercycorps.org/who-we-are/ethics-policies>>) and agrees to report any violation or suspected violation of these policies in relation to the Services under this agreement.

Attestation #2

This information will be used to ensure compliance with the Coronavirus State and Local Fiscal Recovery Funds (SLFRF) Final Rule established by the US American Rescue Plan Act (ARPA). I understand this may be monitored and that I may be asked to provide source documentation. With my signature, I am certifying that the above information is correct, to the best of my knowledge.

Attestation #3

By signing below, I certify that all the information I have given is true and correct, to the best of my knowledge. I acknowledge that I have provided this information for the purpose of seeking assistance from a federally-funded program and understand that Title 18 United States Code Section 1001: (1) make it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact; (b) make any material false, fictitious, or fraudulent statement or representation; or (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government; and (2) requires a fine, imprisonment for not more than five (5) years, or both, which may be ruled a felony, for any violations of such Section.

Signing authority name

Signing authority title

Signing authority signature

Sign above

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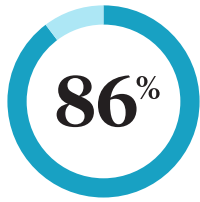
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