

This application must be completed in one session. Please make sure you are prepared BEFORE starting the online form below.

A PDF copy of all questions that will be asked in the online form is located here

<<https://nw.mercycorps.org/sites/default/files/2023-07/form%2022.2->

[%20clackamas%20county%20capacity%20building%20application-](https://nw.mercycorps.org/sites/default/files/2023-07/form%2022.2-%20clackamas%20county%20capacity%20building%20application-%20english%20_%20mercy%20corps.pdf)

[%20english%20_%20mercy%20corps.pdf](https://nw.mercycorps.org/sites/default/files/2023-07/form%2022.2-%20clackamas%20county%20capacity%20building%20application-%20english%20_%20mercy%20corps.pdf)>. If there is an error when submitting your

online application, it is recommended that you prepare your answers in a

separate Word document in case you need to resubmit. Certain questions

require you to upload a document. Please compile document attachments

before starting the online form below.

Documents with an * are required.

Attachment naming conventions:

Name of organization_Description

With a few exceptions, documents must be in PDF format.

Start Your Application Here

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 at least 25% of overall operations in Clackamas County.
- Non-profit entities without a physical location in Clackamas County.
- Non-profit entities not registered to do business in Oregon (Secretary of State Business Registry verification).
- For profit businesses.
- Organizations that have already been selected by Mercy Corps Northwest, Clackamas Workforce Partnership, or Clackamas Women's Services to receive funds or capacity building technical assistance in this Clackamas County CBRA Program.

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 a physical location in Clackamas County. *

My organization is registered with the Oregon Department of Justice as a non-profit within Clackamas County. *

My organization conducts at least 25% of its overall operations within Clackamas County. *

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 *

Choose Files No file chosen

Unlimited number of files can be uploaded to this field.

80 MB limit.

Allowed types: pdf.

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.

80 MB limit.

Allowed types: pdf.

Choose Files No file chosen

1. Eligibility

Have you applied for or are you planning to apply for assistance payments from the other organizations administering the Clackamas County CBRA Program?

Only Mercy Corps Northwest

Clackamas Workforce Partnership

Clackamas Women's Services

Unsure

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

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

- Select -

ZIP Code

#####

Organization website

Executive director name

Program contact name

First

Last

Program contact title

Board-authorized person for this application.

Program contact email

Program contact office phone

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

Program contact mobile phone

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

2.2 Organizational Details

Mission 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?

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

- 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

Aging

None of the above

*For Clackamas County, a household of 3 with annual income of less than \$40,626 would be considered in poverty, according to the Federal Poverty Guidelines and the area median income for Clackamas County.

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.

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

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

What month and year was your organization established?

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

1-20%

21-40%

41-60%

61-80%

81-100%

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; 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.

80 MB limit.

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

No file chosen

2.3 Organizational Impact from COVID-19

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 (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 and where the MCNW Financial Analysis Committee can find evidence of that impact in the financial supporting documentation you provide.

Select all documents you referenced in the above narrative that you are uploading that demonstrate proof of negative financial COVID-19 impact between March 3, 2021 and 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)**

Documents showing proof of COVID-19 impact will vary by organization. For documents demonstrating COVID-19 impact, consider providing either: 1) annual Profit and Loss Statements for 2019, 2020, 2021, and 2022; or 2) a Profit and Loss Statement from December 3, 2018 - March 2, 2021 and a Profit and Loss Statement from March 3, 2021 - May 11, 2023.

Additional document examples are:

- Organization Form 990s (pre and post COVID)
- Profit and Loss Statement (pre and post COVID)

- Balance Sheet (pre and post COVID)
- Statement of Cash flows (pre and post COVID)
- Bank Statements (pre and post COVID)
- Payroll payout report vs cash balance (pre and post COVID)
- Mortgage/lease agreements (pre and post COVID)
- Form 941 or 944 (pre and post COVID)
- Statement of Activities (pre and Post COVID)
- Other documents not listed (pre and post-COVID)

Proof of COVID-19 impact must be evident within the organization's unrestricted funds.

The Mercy Corps Northwest Financial Analysis Committee must be able to verify comparable time periods.

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? If the organization receives a cash assistance payment in this Clackamas County CBRA Program, how will it allocate those funds towards being more sustainable and resilient? Consider outlining clear and realistic outcomes that can be achieved within the 12 months of the Clackamas County CBRA Program.

What assistance payment amount are you requesting?

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

Attachment 4: Proposed project budget

Choose Files No file chosen

Submit a detailed budget of use of funds.

Download budget template here: **Budget template**

<https://nw.mercycorps.org/sites/default/files/2023-07/budget%20template_round%20202_cbo_kb_edits.xlsx>.

This is a draft budget. It will be finalized during the ASPIRE-lite process after cash assistance payments are distributed. We encourage applicants to think about developing a budget with at least 10% for capacity building.

Eligible expenses:

- **Must be used** 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.

80 MB limit.

Allowed types: pdf, xls, xlsx.

2.4 Organization Funding/Audit History

Between March 3, 2021 and May 11, 2023, did your organization receive any city / county / state / federal funding that were classified as unrestricted?

Yes

No

If yes, confirm that the funds received are not a duplication of the negative financial impact from COVID-19 that your organization is claiming in this Clackamas County CBRA Program. Example, if your organization received a PPP loan, ensure that the amount claimed in this Clackamas County CBRA Program is separate from the unrestricted expenses for which the PPP loan is paid. ?

If no, put N/A

Attachment 6: External audit or review

No file chosen

Unlimited number of files can be uploaded to this field.

80 MB limit.

Allowed types: pdf.

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 Northwest 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 (<https://www.un.org/securitycouncil/content/un-sc-consolidated-list>);

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 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 Northwest's 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 that the information I provided in this document may be used to monitor such compliance periodically and that I may be asked to provide additional source documentation. I also understand that the information herein may be used for reporting purposes. 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

Reset

Sign above

Date

07/dd/2023

Submit