

# FY 2020 Coronavirus Emergency Supplemental Funding (CESF) Program Application



## Applicant Information

Entity/Organization Name:	
Federal Employer ID#:	
Applicant DUNs#:	
Physical Address:	
ZIP Code <i>must</i> include	
4-Digit ZIP Code Extension	
Type of Entity:	Select Applicant's Entity Type from the Drop-down Menu Below:
	If Selected "Other," Identify the Entity Type Below:

## Project Point of Contact (PPOC)

Name:	
Title:	
E-Mail Address:	
Work Phone:	
Postal Mail Address:	

## Financial Point of Contact (FPOC)

Name:	
Title:	
E-Mail Address:	
Work Phone:	
Postal Mail Address:	

## Entity Authorized Certifying Official

Name:	
Title:	
E-Mail Address:	
Work Phone:	
Postal Mail Address:	

## Proposed Project Period:

	From:	To:
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### CESF Proposed Project/Activity Summary:

Utilize the narrative text box below to clearly and concisely describe the specific coronavirus prevention, preparation, and/or response efforts that will be addressed with this funding.

### Project or Activity Narrative Below: (100 words or Less)

### CESF Proposed Project/Activity Description: (Limit up to 3-pages. Attach Separately)

- Expand your CESF Proposed Project/Activity Summary to describe the specific coronavirus prevention, preparation, and/or response efforts that will be addressed with this funding.
- Include the types of services or items that will be funded, the costs of these services/items, and the reasons for the costs being requested.
- As applicable, explain how individuals come into contact with the service or item and what occurs once the individuals comes into contact with the service/item.
- Address the role and responsibilities of each position involved in the proposed coronavirus prevention, preparation, and/or response effort.
- Address the estimated number of jobs to be created or retained by the proposed project or activity.
- Identify other agencies directly or indirectly involved in the project, their roles, responsibilities and how coordination is achieved.
- Include a Time-task plan that will indicate what activities will occur, the projected time frame (month, year) and person responsible.

**Agency Budget and Funding Sources for Coronavirus Response:**

- All CESF applicants must complete and submit with their application the NCC Budget Template in Excel format. Word or PDF conversions of the template will not be accepted.
- To download the NCC Budget Template, [click the link here](#). Template is located in the FY2020 Coronavirus Emergency Supplemental Funding Announcement.
- Request for Personnel Positions, answer the below questions relevant to the funding request:

Funding Request for Personnel Positions	
ONLY REPORT ON POSITIONS REQUESTED FOR FUNDING	
Number of Jobs created:	
Number of Jobs retained:	

- Make note that awarded funds cannot be used to supplant - or replace - existing state or local funds already appropriated/allocated for the same purpose. Also, awarded funds cannot be used for the duplication of costs. Duplication of costs occurs when a subrecipient uses grant funds to pay for costs already covered by other sources.

<p><b>Did your Entity receive a federally-guaranteed loan under the Paycheck Protection Program (PPP) or under the Families First Coronavirus Response Act (FCRA) to cover workforce employment costs or paid leave related to the Coronavirus crisis?</b></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<p>If <b>YES</b>, disclose the amount of your total budget and what the award is being used for in disclosure chart below.</p>
<p><b>Is your Entity eligible for direct funding from the federal CESF Program?</b></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<p>If <b>YES</b>, visit CESF federal funding sites to apply for funds allocated specifically for your entity by May 29, 2020 11:59 pm EST.</p> <p><a href="https://bja.ojp.gov/funding/opportunities/bja-2020-18553">https://bja.ojp.gov/funding/opportunities/bja-2020-18553</a></p>
<p><b>Does your Entity receive or is eligible to receive FEMA funding?</b></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<p>If <b>YES</b>, contact NEMA to apply for funding. If awarded FEMA funding, disclose the amount of your total budget and what the award is being used for in the disclosure chart below.</p>

- In the chart below, disclose the funding source, and the Amount Awarded or Requested (not yet awarded) for all marked “**YES**” above. Include any other funding sources allocated in response to coronavirus beyond the above mentioned sources.

## Disclosure of Awarded Funds & Pending Applications for Coronavirus Response

### OTHER FEDERAL (list below)

<b>Funding Source:</b>		
<b>Amount of Awarded or Pending Request:</b>	Awarded: \$	Requested: \$
<b>What the award will be used for:</b>		

<b>Funding Source:</b>		
<b>Amount of Awarded or Pending Request:</b>	Awarded: \$	Requested: \$
<b>What the award will be used for:</b>		

### STATE (list below)

<b>Funding Source:</b>		
<b>Amount of Awarded or Pending Request:</b>	Awarded: \$	Requested: \$
<b>What the award will be used for:</b>		

### LOCAL (list below)

<b>Funding Source:</b>		
<b>Amount of Awarded or Pending Request:</b>	Awarded: \$	Requested: \$
<b>What the award will be used for:</b>		

<b>Funding Source:</b>		
<b>Amount of Awarded or Pending Request:</b>	Awarded: \$	Requested: \$
<b>What the award will be used for:</b>		

### OTHER (list below)

<b>Funding Source:</b>		
<b>Amount of Awarded or Pending Request:</b>	Awarded: \$	Requested: \$
<b>What the award will be used for:</b>		

## Applicant Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that it is the Nebraska Crime Commission's expectation that the Entity subawarded by the Coronavirus Emergency Fund will utilize funding toward the preparation for, response to, and/or prevention of the coronavirus. In addition, if your Entity is accepted as a subgrantee, any false statements, omissions, or other misrepresentations made by the Entity on this application may result in failure to receive funding, or revocation/reclamation of funding.

<b>Authorized Certifying Official Name</b> (typed)	
<b>Signature of Authorized Certifying Official</b>	
<b>Date of Signature</b>	

## FY20 CESF Application Required Forms Chart

DATE COMPLETED	SECTION NAME & ORDER	PAGE LIMITS
	<b>Grant Applicant &amp; POC Information</b>	Pages as provided. See Application Form.
	<b>CESF Propose Project/Activity Description</b>	Maximum of 3-pages.
	<b>Budget Template to include narratives</b>	N/A – Provided Excel document.
	<b>Funding Request for Personnel Positions</b>	Chart as provided.
	<b>Applicant Disclosure of Awarded Funds and Pending Applications</b>	Chart as provided.
DATE COMPLETED	ADDITIONAL ATTACHMENTS	
	<b>Signed &amp; Dated Debarment and Drug-Free Workplace Forms</b>	Forms provided
	<b>Signed &amp; Dated Certified Assurances</b>	Form provided
	<b>SAM Registration</b>	PDF of SAM Registration
	<b>Indirect Cost Rate Verification, if applicable</b>	Copy of federally approved indirect cost rate agreement (separate PDF)
	<b>De Minimus Certification</b>	If applicable, form provided
	<b>Non-profit Status Verification, if applicable</b>	Copy of 501(c)(3) designation letter or other verification (separate PDF)
	<b>Most recent 990 if Non-profit</b>	Copy of most recent filed IRS form 990
	<b>Most recent Single Audit or Audit Waiver</b>	If agency expended more than \$750,000 in the most recent completed agency fiscal year, a copy of the Single Audit is required. If the agency did not expend more than \$750,000 a letter of Waiver must be submitted on agency letter head, signed by the Authorized official with the agency fiscal year included
	<b>Organizational Questionnaire</b>	PDF form provided to be completed on all direct applicants and any associated sub-applicants.
	<b>Emergency/Coronavirus Response Plan</b>	PDF attachment of the Entity's existing Emergency Response Plan or Coronavirus Response Plan.