

RICHLAND COUNTY
CORONAVIRUS AD HOC COMMITTEE

AGENDA



TUESDAY JULY 05, 2022

1:30 PM

COUNCIL CHAMBERS

Richland County Council 2021-2022



Deirek Pugh
District 2



Bill Malinowski
District 1



Gretchen Barron
District 7



Yvonne McBride
District 3



Paul Livingston
District 4



Allison Terracio
District 5



Joe Walker, III
District 6



Overture Walker
District 8
Chair



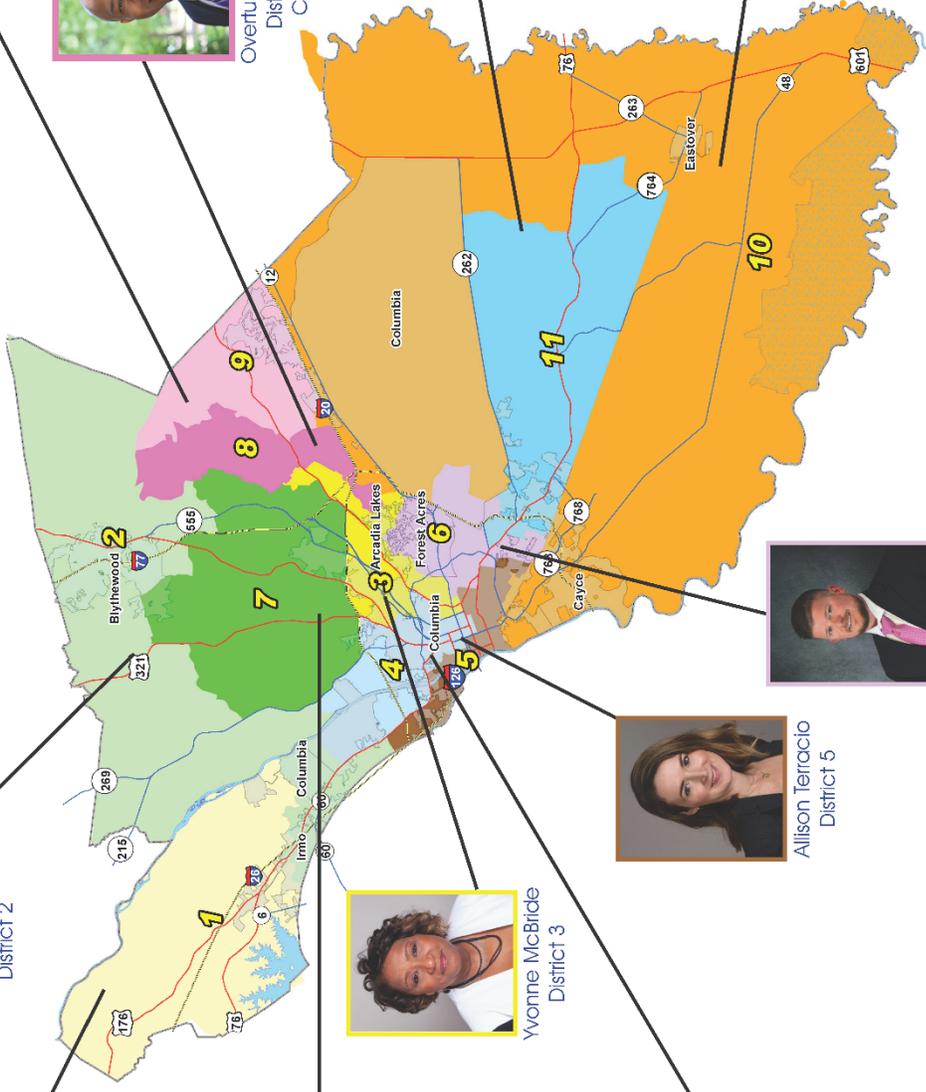
Chakisse Newton
District 11



Cheryl English
District 10



Jessica Mackey
District 9
Vice Chair





**Richland County
Coronavirus Ad Hoc Committee**

AGENDA

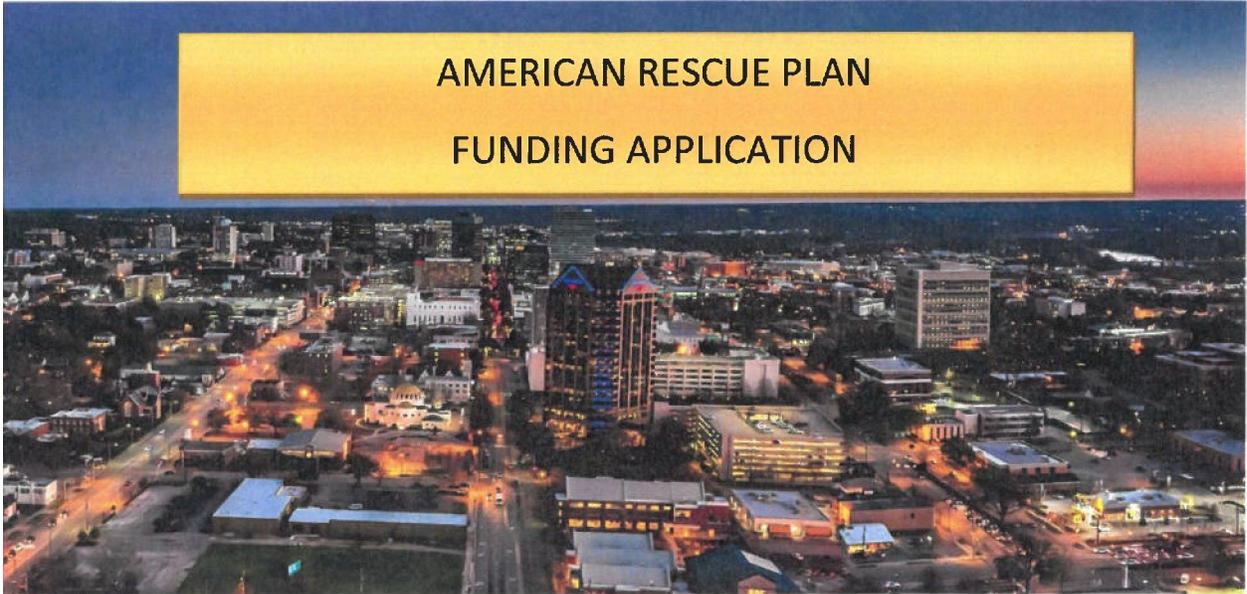
July 05, 2022 - 1:30 PM
2020 Hampton Street, Columbia, SC 29204

The Honorable Paul Livingston County Council District 4	The Honorable Gretchen Barron (Chair) County Council District 7	The Honorable Chakisse Newton County Council District 11
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| <p>1. <u>Call to Order</u></p> <p>2. <u>Adoption of Agenda</u></p> <p>3. <u>Items for Discussion and Action</u></p> <p style="padding-left: 40px;">a. Proposed grant application and application process [PAGES 5-21]</p> <p>4. <u>Other Topics</u></p> <p>5. <u>Adjournment</u></p> | <p>The Honorable Gretchen Barron</p> |
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Special Accommodations and Interpreter Services Citizens may be present during any of the County's meetings. If requested, the agenda and backup materials will be made available in alternative formats to persons with a disability, as required by Section 202 of the Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12132), as amended and the federal rules and regulations adopted in implementation thereof. Any person who requires a disability-related modification or accommodation, including auxiliary aids or services, in order to participate in the public meeting may request such modification, accommodation, aid or service by contacting the Clerk of Council's office either in person at 2020 Hampton Street, Columbia, SC, by telephone at (803) 576-2061, or TDD at 803-576-2045 no later than 24 hours prior to the scheduled meeting.



**Richland County Intervention
And
Prevention Community
Grant Application**

**Richland County Grant Department
2020 Hampton Street, Suite 4036
P.O. Box 192
Columbia, South Carolina 29204**

**Application Open- XXXXXXXXX
Application Closes- XXXXXXXXX**

I. Organizational Information and Background Section

Organization Name _____

(As registered with IRS-W9)

Organization Tax ID _____ Year Formed _____

Organization Mailing Address

City

State

Zip

Organization Tax Filing Status _____ (501(c) (3), etc.)

Organization Service Type _____ +

Organization Website _____

Organization Primary Phone Number _____

Organization Email required _____

Authorized Contacts Information:

Last Name

First Name

Title

Address

Phone Number (required)

Email Address (required)

Organization Employer Identification Number (EIN)

Data Universal Number System Number (DUNS)

Has your Organization received prior funding to address this community concerns in the past, If yes, by whom?

IL Project /Program Narrative Section

Project Title (required): _____

Anticipated Start Date (required) _____

Anticipated End Date (required): _____

A. Describe the issue/ need that your project will address (required)?

List the special goal from the American Rescue Plan that your project will help address (required)

B. Is the project an expansion of current services your organization offers, a new program or reinstatement of a previously funded program?

C. Specifically, what will funds be used for? Examples of eligible project can be found in corresponding guidance/federal document link <https://home.treasury.gov/system/files/136/SLFRF-Final-Rule.pdf>

D. Please describe, in detail, how your project is related to the prevention of or mitigation of the impact of COVID-19, how funding is essential in addressing the need and communication process

E. Please describe the target population of your program

F. What is the location (address and neighborhood) of your proposed project?
Be specific as possible.

G. Which of the following Statement apply to your proposed program or service.
Please select all that apply

Link for QCT https://www.huduser.gov/portal/sadda/sadda_qct.html?locate=45079010900

Link to Council Districts <https://www.richlandmaps.com/apps/geoinfo/?lat=34.02471&lon=-80.99524&zoom=13>

A program or service provided at a physical location in a Qualified Census Tract (for multi-site projects, if majority of site are within **Qualified Census Tracts**); (Support documentation required)

A program or service where the Primary intended participants live within a Qualified Census Tracts
(Support documentation required)

A program or service which the eligibility criteria are such that the primary intended participants earn less than 60% of the **median income** {support documentation required}

A program or service for which the eligibility criteria are such that over 25 percent of intended participants are below the **federal poverty level.** (Support documentation required)

H. How do you intend to recruit participants to your project and/or refer individuals for service, supports or resources in the community. *Only answer if applicable*

These funds require the use of evidence-based models or practice-based evidence. Please provide a description of the evidence that links your proposed strategies to interventions of prevention/or high-risk reduction.

Please explain your proposed project's timeline to completion. All ARPA grants distributed by Richland County must be expended by December 31, 2024.

What data do you plan to collect (Demographic data. Number of individuals/households served. Number of activities provided, etc.) Funded applicants will receive additional guidance on specific data to be reported. (Demographic Reporting is a requirement for data reporting for grant compliance. Based upon response, additional requirements may be necessary for grant compliance.)

III. Budget Section

All budget items must be reasonable and critical to your proposed activities. The budget should be consistent with your narrative, making it clear how each of the activities will be funded. The budget may cover up to a 24-month period or not to extend beyond December 31, 2024. All expenses must be listed and directly related to the grant. When estimating costs, please show your calculations by including quantities, unit costs and other details. Only include grant-funded expenses in the budget descriptions. Provide a budget, broken into categories such as personnel, employee benefits/fringe, travel, training, equipment, office expenses, program, etc. and short narrative for each request.

A. What is the total budget request amount? _____

B. What is the annual organization budget? A copy of your most recent annual budget should be included. _____

C. Does your project require initial funding prior to beginning? If yes, please describe what is needed to get started.

D. Please describe how this project will be financially sustained after ARPA funds are expended?

E. Has this proposed project been submitted through any other City, State, Federal, or private funding process? If yes, please provide the information regarding the funding source, amount, and funding details. Please note this grant prohibits duplication of funds from multiple sources including other federal and state grant allocations. For details, please see US Treasury final guidance <https://home.treasury.gov/system/files/136/SLFRF-Final-Rule.pdf>

F. How will success of this project be measured? Be specific as possible. Please use measurable indicators (i.e., Social Impact, Cost Benefit Analysis, Pre/Post Shifts in Attitudes or Behavior, etc.).

G. What are the specific outcomes and accomplishments this project will achieve and how will outcomes be measured?

IV. **Administrative Systems**

Please answer yes or no to the following questions:

	Yes	No
OUR ORGANIZATION HAS HAD AN INSTANCE OF MISUSE OR FRAUD IN THE PAST 36 MONTHS.	<input type="checkbox"/>	<input type="checkbox"/>
OUR ORGANIZATION HAS CURRENT OR PENDING LAWSUIT AGAINST THE ORGANIZATION.	<input type="checkbox"/>	<input type="checkbox"/>
WE HAVE SEPARATE ACCOUNTS FOR DIFFERENT PROGRAMS/REVENUE SOURCES TO PREVENT CO-MINGLING OF FUNDS.	<input type="checkbox"/>	<input type="checkbox"/>
OUR ORGANIZATION USES A DAILY TIME TRACKING LOG FOR EACH POSITION BEING PAID USING MULTIPLE SOURCES OF FUNDING.	<input type="checkbox"/>	<input type="checkbox"/>

OUR ORGANIZATION HAS A PAID BOOKKEEPER.

OUR ORGANIZATION HAS AN APPROVAL PROCESS THAT REQUIRES MULTIPLE APPROVALS BEFORE FUNDS CAN BE EXPENDED.

OUR ORGANIZATION HAS WRITTEN POLICIES AND PROCEDURES FOR ACCOUNTING, PURCHASING AND PAYROLL.

OUR ORGANIZATION'S ACCOUNTING SYSTEM CAN IDENTIFY, AND TRACK GRANT PROGRAM-RELATED INCOME AND EXPENSES SEPARATE FROM ALL OTHER INCOME AND EXPENSES.

WE CAN EASILY RETRIEVE ORIGINAL RECEIPTS FOR EXPENSES THAT ARE REIMBURSED BY THE GRANT.

OUR BOARD OF DIRECTORS MEETS AT LEAST EVERY OTHER MONTH.

OUR ORGANIZATION HAS A CONFLICT OF INTEREST POLICY.

OUR ORGANIZATION HAS A STATED PROCUREMENT POLICY

V. Documentation & Attachment Section

The Richland County requires the following documents submitted with the ARPA application:

PROVIDE THE FINANCIAL DOCUMENT(S) APPLICABLE TO YOUR ORGANIZATION:

- A. All agencies must submit**
 - ▶ **Statement of Financial Position (Balance Sheet)**
 - ▶ **Statement of Activity (Income and Expense Statement)**
- B. Agency with total annual with a total revenue of \$50,000**
 - ▶ **IRS Form 990**
- C. Agency with total annual revenue of over \$750,000 but federal expenditures less than \$750,000**
 - ▶ **Certified Financial Audit**
 - ▶ **Certified Financial Audit Management Letter**
 - ▶ **Corrective Action Plan (if applicable)**
- D. Agency with \$750,000 or more in federal funds during fiscal**
 - ▶ **Single Audit**
 - ▶ **Single Audit Management Letter**
 - ▶ **Corrective Action Plan (if applicable)**

DETAILED BUDGET FOR THE PROJECT, INCLUDE ALL PROPOSED EXPENSES RELATED TO YOUR PROJECT.

ANY ADDITIONAL RELEVANT DOCUMENTS REGARDING THE PROJECT.

VI. Affirmation and Submittal Section

In this section, applicants will be asked to check off boxes to verify that they read and understand the following statements

THE APPLICANT UNDERSTANDS:

1. This application and other materials submitted to Richland County may constitute public records subject to disclosure under South Carolina's Public Records Law.
2. Submitting false or misleading information in connection with an application may result in the applicant being found ineligible for financial assistance under the funding program, and the applicant or its representative may be required to repay the grant award or be subject to civil and/or criminal prosecution.

3. Receipt of federal funds through this grant process requires recipient to agree to all rules, regulations, and reporting associated with this federal program including compliance with all Uniform Guidance regulations associated with allowable and non-allowable uses of funds.
4. Recipient agrees to meet all reporting requirements associated with such award within determined time requirements. Failure to do so may require repayment of all awards.

THE APPLICANT CERTIFIES TO THE BEST OF IT KNOWLEDGE:

1. The information submitted to Richland County in this application, including required supporting documentation, is true and correct.
2. The applicant is in compliance with all applicable federal, state, and local laws, regulations, ordinances, and orders and must report any and all noncompliance with said laws that could have an adverse material impact on the business. Adverse material impact includes lawsuits, criminal or civil actions, bankruptcy proceedings, or regulatory action by a governmental entity.
3. The applicant has not received other federal, state, or local assistance for the same expenses as submitted in this application.
4. The applicant is current on all federal, state, and local taxes.

Files can be upload or attached to application (No news articles, video, etc.)

Projects will be reviewed to determine their relevance to COVID-19 Recovery efforts based on the Final Rule released by the Treasury Department.

<https://home.treasury.gov/system/files/136/SLFRF-Final-Rule.pdf>

SIGNATURE:

PRINTED NAME:

DATE SUBMITTED:

**RICHLAND COUNTY
ATTACHMENT A
ARAPBUDGET**

Organization Budget - Please attach a budget narrative/justification explaining your numbers.

<u>Source</u>	<u>INCOME</u>	<u>Amount</u>
Governments grants _____ _____		\$ _____
Foundations _ _ _ _ _ _____		\$ _ _ _ _ _
Corporations _ _ _ _ _ _____		\$ _ _ _ _ _
United Way or other federated campaigns _____		\$ _____
Individual Contributions _____		\$ _____
Fundraising events and products _____		\$ _____
Membership Income _____		\$ _____
In-kind support _____		\$ _____
Investment Income _____		\$ _____
	Revenue	
Government Contracts _____		\$ _____
<u>Earned Income</u> _____		\$ _____
Other (specify) _____		\$ _____
_____		\$ _____
Total Income		\$ _____

**RICHLAND COUNTY
ATTACHMENT B
ARAPBUDGET**

ORGANIZATION EXPENSES

Item	<u>Amount</u>
Salaries and Wages _____	\$ _____
_____ Insurance, benefits and other related taxes	\$ _____
_____ Consultants & Professional Fees _____	\$ _____
_____ Travel _____	\$ _____
_____ Equipment _____	\$ _____
_____ Supplies _____	\$ _____
_____ Printing & Copying _____	\$ _____
_____ Telephone & Fax _____	\$ _____
_____ Postage & Delivery _____	\$ _____
_____ Rent & Utilities _____	\$ _____
_____ In-Kind Expenses _____	\$ _____
_____ Depreciation _____	\$ _____
_____ Other (Specific) _____	\$ _____

<u>Total Income</u>	\$ _____
Difference (Income less Expense)	\$ _____

**RICHLAND COUNTY
ATTACHMENT C
ARAPBUDGET**

Project Budget - Please attach a budget narrative/justification explaining your numbers.

INCOME

<u>Source</u>	<u>Amount</u>
Governments grants _____	\$ _____

Foundations _____	\$ _____

Corporations _____	\$ _____

United Way or other federated campaigns _____	\$ _____

Individual Contributions _____	\$ _____

Fundraising events and products _____	\$ _____

Membership Income _____	\$ _____

In-kind support _____	\$ _____

Investment Income _____	\$ _____

	<u>Revenue</u>
Government Contracts _____	\$ _____

Earned Income _____	\$ _____

Other (specify) _____	\$ _____
_____	\$ _____

<u>Total Income</u>	<u>\$</u> _____

**RICHLAND COUNTY
ATTACHMENT D
ARPA BUDGET**

PROJECT EXPENSES

Item	<u>Amount</u>	%FT/PT
Salaries and Wages (breakdown by individual position and indicate full or part-time)		
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
Subtotal		
Insurance, benefits and other related taxes	\$ _____	
Consultants & Professional Fees	\$ _____	
Travel	\$ _____	
Equipment	\$ _____	
Supplies	\$ _____	
Printing & Copying	\$ _____	
Telephone & Fax	\$ _____	
Postage & Delivery	\$ _____	
Rent & Utilities	\$ _____	
In-Kind Expenses	\$ _____	
Depreciation	\$ _____	
Other (Specific)	\$ _____	
<u>Total Income</u>	<u>\$ _____</u>	
Difference (Income less Expense)	<u>\$ _____</u>	

Richland County Intervention and Prevention Community Grant Definitions

Beneficiary – Recipient of funds intended to directly benefit the recipient. While recipients will be responsible for receipt on a reimbursement basis, standard 31 CFR 35 for ARPA) as well as Uniform Guidance for all federal grant programs in 2 CFR, Part 200 is not required.

DUNS Number - a unique nine-digit identifier for businesses. This number is assigned once our patented identity resolution process, part of our [DUNSRight methodology](#), identifies a company as being unique from any other in the Dun & Bradstreet Data Cloud. D-U-N-S Numbers are often referenced by lenders and potential business partners to help predict the reliability and/or financial stability of the company in question. D-U-N-S, which stands for data universal numbering system, is used to maintain up-to-date and timely information on more than hundreds of millions global businesses. The D-U-N-S Number also enables identification of relationships between corporate entities (hierarchies and linkages), another key element of Live Business Identity and commercial risk assessment practices.

Evidence based models - Evidence-based practice ([EBP](#)) is a process in which the practitioners combines well-researched interventions with clinical experience, ethics, client preferences, and culture to guide and inform the delivery of treatments and services.

Federal Poverty Level - annual calculations that considers the consumer price index increase or decrease on the cost of living and the accompanying income thresholds that is used based on family size and composition to determine who is in poverty. The income used to compute poverty status is not just earnings, but all sources of income that generates cash flow.

Median Income - the [income](#) amount that divides a population into two equal groups, half having an income above that amount, and half having an income below that amount. It may differ from the [mean](#) (or [average](#)) income. The income that occurs most frequently is the [income mode](#). Each of these is a way of understanding [income distribution](#).

Practice-based models- Practice-based evidence can be defined as the systematic collection of patient-reported measures associated with a particular goal or desired outcome

Qualified Census Tract - Qualified Census Tracts (QCT) areas that are qualified for Low Income Housing Tax Credits for tax credits under section 42 of the Internal Revenue Service Codes. QCT tracts are updated annually based upon current data. To be a QCT the following conditions must exist.

1. A census tract must have 50% of its households with incomes below 60% of the AMGI to be eligible. HUD has defined 60% of AMGI income as 120% of HUD's Very Low Income Limits, that are based on 50% of area median family income, adjusted for high cost and low income areas. The 1994 income estimates were then deflated to 1989 dollars, so they would match the 1990 Census income data.
2. For each census tract, the percentage of households below the 60% income standard was determined by (a) calculating the average household size of the census tract, (b) applying the income standard after adjusting it to match the average household size, and (c) calculating the number of households with incomes below the income standard.

3. Qualified Census Tracts are those in which 50% or more of the households are income eligible and the population of all census tracts that satisfy this criterion does not exceed 20% of the total population of the respective area.
4. In areas where more than 20% of the population qualifies, census tracts are ordered from the highest percentage of eligible households to the lowest. Starting with the highest percentage, census tracts are included until the 20% limit is exceeded. If a census tract is excluded because it raises the percentage above 20%, then subsequent census tracts are considered to determine if a census tract with a smaller population could be included without exceeding the 20% limit.

These maps may be found at the following link
https://www.huduser.gov/portal/sadda/sadda_qct.html?locate=45079010900

Sub-recipient – grant recipient for which funding will require compliance with the terms and conditions of compliance for a prime recipient. These responsibilities will flow down to a sub recipient. Each sub recipient must comply with specific federal requirements (e.g., 31 CFR 35 for ARPA) as well as Uniform Guidance for all federal grant programs in 2 CFR, Part 200.

Note: Sub recipient vs. Beneficiary. For those recipients considering a transfer for ARPA Funds to a third party, the Final Rule clarifies the important distinction between “sub recipients” and “beneficiaries,” generally providing that where ARPA Funds are intended to “directly benefit” the third party that such third party is a “beneficiary.” This distinction is critical for recipients to consider when transferring ARPA Funds to third parties as the Final Rule provides that beneficiaries are “not subject to monitoring and reporting requirements,” whereas sub-recipients (and in turn recipients) will be responsible for these monitoring and reporting requirements.