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| **2020 Community Health Grant Opportunity Application** |
| **Project Name:** |  |
| **Contact Name** |  |
| **Contact Organization** |  |
| **Prior Year CPF Recipient** | Yes/No: Amount: $ |
| **Prior Year Direct Appropriation Recipient** | Yes/No: Amount: $ |
| **Contact e-mail; phone** |  |
| **Focus area: Select from the list of CAREs ACT Eligible Activity(ies)** |  |
| **Funding Amount Requested:** |  |
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| **Abstract (please limit to 250 words)** |
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| **1. Describe the population and the number estimated to be served.** |
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| **2. Describe the purpose and need.** |
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| **3. Describe how the project aligns with the eligible activity(ies) selected from the list attached. You will be required to submit supporting documentation.**  |
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| **4. Describe the team’s experience and the management plan** |
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| **5. Describe the role of any contractors if relevant. Otherwise state no contractors will be used.** |
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| **6. Describe how you will monitor the project including the operations and budget. Include the name and position of the persons(s) with monitoring responsibility. Specifically describe how you will monitor (for purpose of future Audit) that funds 1) are only used only to assist those impacted by COVID-19 within CARES Act guidelines; 2) are only used for Davidson County Residents; 3) are only used for services provided between March 1, 2020 to December 30, 2020; 4) will be spent by December 30, 2020.** |
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| **7. Describe how the funds will be used. Include dollars requested, total cost, budget estimates by category (capital, operations, staff, etc.). Describe any in-kind contributions (dollars or other resources) including partners, and recurring costs. Attach the budget forms.**  |
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**Eligible Criteria for CPF Community Health Grant Awards Activities. Applicant may address one or more:**

“The funds received through this contract are considered federal funds subject to the Single Audit Act and the related provisions of the Uniform Guidance. The population served with these funds need to be individuals or small businesses suffering from the impact of the coronavirus public health crisis. The expenditures may include addressing medical and public health needs, as well as economic support to those suffering from employment or business interruptions due to COVID-19-related business closures. All expenditures must be incurred during the period that begins March 1, 2020 and ends on December 30, 2020. Documentation will be required to support that the criteria was met or the funds will need to be returned to Metropolitan Government of Nashville and Davidson County.”

Specifically, for CPF Community Health Grants, the grants to be awarded will address one or more of the following criteria:

* Support for school-aged children and families related to education needs created or exacerbated by the COVID-19 outbreak;
* Any of the following activities for individuals or families who have been impacted by a loss of income or economic insecurity as a result of COVID-19:

o Workforce training;

o Emergency food assistance;

* Care for at-risk or vulnerable populations to mitigate COVID-19 effects and/or enable compliance with COVID-19 public health precautions;

o Emergency financial assistance to prevent homelessness, eviction or foreclosure;

o Other similar services designed to mitigate the negative health or economic impact of the COVID-19 public health emergency.

• Providing uncompensated care or assistance for disabled or other vulnerable population to address new financial, health, or educational challenges that are in response to COVID-19.

* Public Health Support activities such as uncompensated or unreimbursed costs for services or activities dedicated to mitigating or responding to the COVID-19 public health emergency, including but not limited to
	+ Expenses for acquisition and distribution of medical and protective supplies, including sanitizing products and personal protective equipment, for medical personnel, police officers, social workers, child protection services, and child welfare officers, direct service providers for older adults and individuals with disabilities in community settings, and other public health or safety workers in connection with the COVID-19 public health emergency;
	+ Mental and behavioral health services delivered in response to the COVID-19 public health emergency;

o Expenses associated with supporting the housing or quarantining of COVID-19 positive individuals;

o Any other expense incurred in relation to non-profit missions to directly support the public health response to COVID-19

* Any other non-profit support provided to Tennessee business entities such as
	+ Acquisition or purchase of personal protective equipment or reimbursing costs associated with mitigating the spread of COVID-19;
	+ Expenses related to mitigating the spread of COVID-19