Community Climate Action Grant Program

Application 2022-2023

SUBMISSION CHECKLIST

Primary Applicant Organization:	
Project Name:	

Section	Subsection
Cover Page	 □ Applicant and Collaborator/Partner Contact Information □ Funding Request Summary □ Signed Application Cover Page
Disclosure	☐ Signed Disclosure of Conflicts of Interest and Clause
Applicant Organization and Collaborator Information	 □ Applicant organization's Date of Incorporation (if applicable) □ Applicant organization's Purpose/Mission (if applicable) □ Living Wage □ Schedule of Positions (if applicable)
Project Information	 □ Project Name □ Project Description and Climate Plan Alignment □ Collaborator Information (if applicable) □ Criteria-Specific Sections 1-7
Attachments (A description of these items is available on page 13: "Description of Required Attachments." Please contact us if it will not be possible to provide any of these required attachments at the time of application: aeckberg@orangecountync.gov	Applicant Organization's Annual Budget and Proposed Project Budget (Use template provided)

COVER PAGE

Applicant Organization's Contact Information					
Organization's Legal Name:					
Physical Address:					
Mailing Address:					
Web Address:					
Telephone Number:					
E-Mail:					
Tax ID Number:					
Funding Request Summary Please list all Fiscal Year 22-23 Communiand the proposed use of funds (please list proposed project budget in the Budget Wo	project name only). A	applicants will be a	asked to provide r	nore details on their	· —
Project	Equipment	Operations 645,000	Personnel	<u>Total</u>	
Ex. Youth Climate Leadership Project	\$10,000	\$15,000	\$5,000	\$30,000	_
Briefly explain your proposed use of funds (2-4 sentences):					
To the best of my knowledge and belief all information and data in this application is true and current. Signature: Applicant's Authorized Signatory Date					

DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST AND NON-DISCRIMINATION CLAUSE

Are any of the Board Members or employees of the organization which will be carrying out this project or their named project collaborators/partners or members of their immediate families, or their business associates:

<u>YES</u>	<u>NO</u>
	a) Employees of or closely related to employees of Orange County?
	b) Members of or closely related to members of the governing bodies of Orange County?
	c) Current beneficiaries of the program for which funds are being requested?
	d) Paid providers of goods or services to the program or having other financial interest in the program?
	have answered YES to any question or know of any other potential conflict of interest regarding your application, a provide a full explanation here:
	NON-DISCRIMINATION Provider agrees as part of consideration of the granting of funds by funding agencies to the parties hereto for themselves, their agents, officials, employees and servants agree not to discriminate in any manner of these basis of race, color, gender, national origin, age, handicap, religion, sexual orientation, gender identity/expression, familial status or veterans status with reference to any activities carried out by the grantee, no matter how remote. The parties hereto further agree in all respects to conform to the provision and intent of Orange County Civil Rights Ordinance, as amended and the Orange County Anti-discrimination Policy. This provision is enforced by action for specific performance, injunctive relief, or other remedy as by law provided; this provision shall be binding on the grantees, the successors and assigns of the parties hereto with reference to the above subject manner.
ackn nece	he best of my knowledge and belief all of the above information is true and current. I dowledge and understand that the existence of a potential conflict of interest does not a sarily make the program ineligible for funding, but the existence of an undisclosed lict may result in the termination of any grant awarded.
Signa	Applicant's Authorized Signatory Date



Applicant Organization & Collaborator Information

Please provide the following information about the primary applicant organization:

Contact Information for Primary Cor Officer	ntact, Chief Executive Officer / Executive Director, and Chief Financial
Primary Contact	
Name	
Title	
Preferred phone number	
Email address	
Fax number (if applicable)	
Chief Executive Officer / Executive Director	
Name	
Title	
Preferred phone number	
Email address	
Fax number (if applicable)	
Chief Financial Officer	
Name	
Title	
Preferred phone number	
Email address	
Fax number (if applicable)	

1.	Date of Incorporation (Month/Year):		
2.	Applicant organization's Purpose/Mission (2-4 sentences):		
3.	Please provide a brief description of your organization's past achievements in carrying out similar projects and evidence of successful record of meeting proposed budgets and timetables (2-4 sentences):		
4.	Living Wage: Does this organization pay permanent employees a minimum living wage? (Yes / No)	If yes, is this organization an Orange County Living Wage Certified Employer? (Yes / No) If no, please briefly explain.	
5.	Schedule of Positions:		
	a. Number of Full-Time Paid Positons:		
	b. Number of Part-Time Paid Positions:		
	c. Number of volunteers:	Average hours worked per volunteer per month	
W	hether or not they will be receive	llowing information about all significant collaboring grant funding for this project. Feel free if you have more than one significant collabora	to copy and paste
a.	Date of Incorporation (Month/Year):		
b.	Applicant organization's Purpose/Mission (2-4 sentences):		

c.	Please provide a brief description of your organization's past achievements in carrying out similar projects and evidence of successful record of meeting proposed budgets and	
d.	Living Wage: Does this organization pay permanent employees a minimum living wage? (Yes / No)	If yes, is this organization an Orange County Living Wage Certified Employer? (Yes / No)
		If no, please briefly explain.
e.	Schedule of Positions:	
	a. Number of Full-Time Paid Positons:	
	b. Number of Part-Time Paid Positions:	
	c. Number of volunteers:	Average hours worked per volunteer per month

Project Information
*Please submit for each project if applying for funding for more than one project.

6.	Project Name:	
7.	Please briefly describe the proposed project and the target population to benefit from the program. How many people will benefit? (100-300 words)	
8.	Please choose the best description for the type of project:	 □ Infrastructure/Clean Tech: New □ Infrastructure/Clean Tech: Repair □ Infrastructure/Clean Tech: Replacement □ Communication/Education □ Natural Systems Management/Restoration □ Circular Economy/Waste reduction □ Analysis/Plan □ Other (Please describe):
9.	Please choose the primary climate change mitigation focus for this project (select all that apply):	 □ Energy Efficiency □ Renewable Energy □ Beneficial Electrification □ Carbon Sequestration □ Other (Please describe):
10.	Has your organization or have your collaborators/partners completed projects of this type in the past? If so, what funds were used?	☐ Yes☐ Funding used (Please describe):☐ No
11.	If this project is not selected for funding in this round, what other funding might be used to support it within the next 5 years?	 □ Other capital or operational funds □ None. This is a unique opportunity. □ Unknown (please describe):

12. Please select the jurisdiction(s) where your project is focused	□ Carrboro: https://townofcarrboro.org/928/Community-Climate-Action-Plan □ Chapel Hill: https://www.sustainchapelhill.org/featured/2020/2/18/climate-action-and-response-plan □ Orange County: In progress, please instead show alignment with
and briefly state how your project aligns with the relevant	the Orange County BOCC Goals and Priorities.
Climate Action Plans (2-4 sentences). Please name the action items from each relevant plan that best align with your proposed project:	This proposed project aligns with the above plan(s) in the following ways:
L	I.
	Collaborators and Partners
or partners are an essential part of your use this section to provide more deta	artners provide essential capacity and connections. If collaborators our project whether or not they are receiving grant funds, please ils. If you are not working with collaborators or partners, please and move to the Social Justice and Racial Equity section.
Criterion	1 - Social Justice and Racial Equity
14. Who will directly or indirectly	
benefit from your project?	
Please be as specific as possible	
Please be as specific as possible on the characteristics of those who will benefit including,	
on the characteristics of those	
on the characteristics of those who will benefit including, gender, race, age, income level	

place?	
Does your project help to address any racial disparities in the location it is proposed for?	
Please list any data sources used and show the steps of any calculations:	
15. Please describe any ways in which low-income or marginalized communities/households were engaged in the creation of this project proposal:	
16. Please describe any potential negative side effects of the project and describe the steps you are taking/will take to eliminate or minimize these impacts to any low-income or marginalized communities/households:	
17. Are the impacted residents already aware of the potential positive and negative impacts of your project and the steps you are taking? If not, please describe your plan to engage with them and how you will act based on their input:	
18. During and after the project, what will your continued engagement with the community be?	
19. Please describe any other aspect of your project that is relevant to Social Justice and Racial Equity:	
Crit	terion 2 - Emissions Reduced
20. How many tons of greenhouse gas emissions will your project reduce/avoid each year? Please list any data sources used and show the steps of any calculations. Feel free to submit in a separate document if clearly labelled:	

21. For how many years will this emissions reduction take place as a result of your project? Please consider the expected lifetime of the technology/program/impact etc.	
22. Please describe the location of the emissions reduction. Where would fossil fuels have been burned if not for your project? For projects creating electricity usage reductions, it can be difficult to determine the location of the power produced. Please feel free to state "Grid-tied electricity reduction"	
23. Please describe any other aspect of your project that is relevant to the amount of emissions that it will reduce or avoid.	

Criterion 3 - Efficient use of Funds

1. Please estimate the impact of your project per grant dollar requested.

This cost per unit of impact must reflect the total program budget divided by the total impact of the project described in this application. If the proposed project is new, please write N/A in the first column of the table below, and just fill out the second column.

	Actual Annual Project Costs (If your proposed project expands or accelerates an ongoing effort)	Projected Project Costs
Total Cost of Project		
Unit of Impact:		
Total # of tons of greenhouse gases reduced		
Cost Per Ton of GHG's Reduced		
Unit of Impact:		
Total # of individuals served/benefitted		
Cost Per Individual Served/Benefitted		
Other Unit of Impact: Please describe here		
Cost Per Unit of Impact		
Other Unit of Impact: Please describe here		
Cost Per Unit of Impact	13'4' - 1 - '4 - 6'	

(Please feel free to add rows if necessary to show any additional units of impact.)

24.	Please describe any avoided financial costs or savings related to the project and over what period of time those costs will be avoided/reduced:	
25.	Does your project accelerate or expand on existing programs that already show positive impact?	
26.	Does your project also take advantage of other funding sources?	
27.	Would your proposed project help you to take advantage of funding from other sources besides this grant in the future?	
28.	Please describe any other aspect of your project that is relevant to the efficient use of grant funds:	
	Crite	erion 4 - Capacity of Applicant
29.	Please describe any projects that you have completed successfully in the past which are similar to the project you are proposing:	erion 4 - Capacity of Applicant
	Please describe any projects that you have completed successfully in the past which are similar to the project you	erion 4 - Capacity of Applicant

Criterion 5 - Local Economic Development							
32. How many Orange County residents are employed by your organization?							
33. What percent of project materials will be purchased from sources within Orange County or North Carolina?							
34. Please describe any other aspect of your project that is relevant to local economic development.							
Criterion 6 -	Amount and Duration of Engagement						
35. Please describe how you will engage with and/or educate project participants.							
36. How will you measure the success of that engagement or educational effort?							
37. Please describe any other aspect of your project that is relevant to the amount, or quality, or length of engagement and/or education that your project will produce.							
Cr	riterion 7 - Time to Complete						
38. How much time will your project require to demonstrate the positive impacts you describe?							

Submission Guidance

Applications are to be submitted as email attachments to Orange County Sustainability Programs Manager, Amy Eckberg at aeckberg@orangecountync.gov. Please also CC the lead staff member supporting the Commission of the Environment, Wesley Poole at wpoole@orangecountync.gov.

The Application Submittal Deadline for the Fiscal Year 22-23 round of the Community Climate Action Grant is **Friday**, **August 19**, **2022 at 5pm**.

Please note that late, handwritten, or incomplete applications will not be accepted.

Submit all documents including attachments in PDF format. This will ensure the original content and formatting is preserved. Digital signatures on applications are accepted.

Accommodations for applicants with disabilities or those in need of technical assistance are available upon request. Please contact the Orange County Sustainability Programs Manager, Amy Eckberg (919-245-2626, aeckberg@orangecountync.gov) to discuss what is needed.

ATTACHMENTS

Description of Required Attachments

a) Applicant Organization's Budget and Project Budget

Please complete the provided budget worksheets for your organization and your proposed project or submit your own budget file (as long as it contains the same information, and in a similar format, as requested in the provided worksheets. Please explain **other** in your budget). The Budget Worksheets file is available for download from the County website here. Please submit the budget in PDF form as well as in the original editable Excel format.

b) IRS Federal Form 990 or 2020 Tax Returns

A copy of the applicant organization's most recent Form 990 or IRS Tax Returns is required to determine eligibility. The specific form depends upon the applicant organization's financial activity. Review the <u>IRS' guide</u>, for more details. For Form 990-N (e-postcard) filers, include a copy of the postcard, with the organization's application materials.

c) List of Board of Directors (if applicable)

Provide the following information about each board of director's member: name, telephone number, and address, of each member and the list must identify the principal officers of the governing body, and length of term. Please feel free to use the template provided in Table 2 of the appendix or your own format.

d) Certificate of Liability Insurance

A copy of the applicant organization's current certificate, from the organization's insurance carrier. Table 1 below outlines insurance types and minimums required, for each jurisdiction. If exempt from Worker's Compensation compliance, include a statement explaining why, with the applicant organization's application materials.

NOTE: Proof of insurance is not required at the time of application submission. If your agency is approved for funding, documentation of insurance must be provided to the jurisdiction awarding the funding when the contract is awarded. The insurance certificate should reflect the funding jurisdiction as an additional insured party and certificate holder and provide coverage for the duration of the funding period (two years, beginning as early as October 1, 2022). If proof of insurance can only be written for one year, an update will be required for all ongoing

projects. Renewal certificates must be sent to the jurisdiction 30 days prior to any expiration date, cancellation or modification of any stipulated insurance coverage.

NOTE: Upon request, insurance requirements may be reviewed on a case by case basis by the County. Please contact the staff identified on the Submission Requirements on Page 15 if you have questions or would like to request a review of your insurance requirements.

APPENDIX

Table 1. Forms of Liability Insurance and Minimum Policy Amounts Required

INSURANCE	ORANGE COUNTY ³			
Worker's Compensation ¹	Limits for Coverage A - Statutory State NC, for each employee			
	Limits for Coverage B - Employers Liability of: \$500,000 each accident, \$500,000 Bodily Injury by Disease (BID).for each employee \$500,000 for BID limit			
Commercial General Liability	\$1 million Each Occurrence \$2 million Aggregate			
Automobile Liability	\$1 million Each Occurrence			
Professional Liability	\$1 million Each Occurrence \$2 million Aggregate			
Sexual Abuse & Molestation	\$1 million Each Occurrence \$2 million Aggregate			
Cyber Liability	\$1 million Each Occurrence \$2 million Aggregate			
Environmental/Pollution Liability (Required if demolition, use of hazardous material or environmentally sensitive)	\$1 million Each Occurrence			

- Visit the <u>NC Industrial Commission's website</u> for more information regarding Coverage A. Also, note
 that if an agency uses subcontractors, it must require subcontractors to have workmen's
 compensation insurance.
- Please visit Orange County's <u>Risk Management page</u> for more information about the County's Minimum Insurance Requirements.

Table 2 - Contact Information for Board of Directors and Officers of the Board								
Name (also title and term length if Officer)	Physical Address	Mailing Address	Phone number	Email address	Fax number (if applicable)			