GASTONIA NC

Great Place. Great People. Great Promise.

City of Gastonia
Community Services Department
NON-PROFIT REIMBURSEMENT PROGRAM

The Non-profit Reimbursement Program is designed to assist Continuum of Care service providers serving low and moderate income limited clientele with supplies and equipment expenses needed for operation up to a maximum of $500.00 per program year. ***Please note attachment for Notice of Uniform Guidance Requirements.***

PROGRAM YEAR 2018 - 2019

- *RFP issuance date:* *Wednesday, March 13, 2019*
- *Posting RFP notice:* *Wednesday, March 13, 2019*
- *RFP Submission deadline:* *Thursday, April 11, 2019*
- *Final application review and approval:* *Tuesday, April 23, 2019*
- *Award notification:* *Thursday, May 16, 2019*
- *Disbursement of funding:* *Friday, June 7, 2019*

Questions regarding this proposal may be submitted at any time until the April 11, 2019, deadline. Questions may be submitted in writing via letter or e-mail to:

City of Gastonia
Nancy Welch
Case Mgt. Specialist
PO Box 1748
150 S. York Street
Gastonia, NC 28053-1748
(704) 866-6753 or
(704) 866-6752
nancyw@cityofgastonia.com

SUBMISSION DEADLINE: Thursday, April 11, 2019

City of Gastonia
Community Services Department
PO Box 1748 Gastonia, NC 28053-1748
(704) 866-6753 or (704) 866-6752

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City of Gastonia
Housing and Neighborhoods Division
NON-PROFIT REIMBURSEMENT PROGRAM 2017-18

AGENCY/APPLICANT			(REVISED 03.4.2019)
NAME OF AGENCY/APPLICANT COMPANY			
MAILING ADDRESS OF AGENCY/PROVIDER COMPANY	CITY	STATE	ZIP
STREET ADDRESS OF AGENCY/PROVIDER COMPANY	CITY	STATE	ZIP
NAME OF CONTACT PERSON	TITLE	TELEPHONE NUMBER	
E-MAIL ADDRESS			
SIGNATURE _____	DATE _____		
MAXIMUM PROGRAM ASSISTANCE IS $500.00	*AMOUNT REQUESTED:* $		
PRINCIPAL PRODUCT/SERVICE (S) APPLICANT/AGENCY PROVIDES			

REQUIREMENTS

To apply for this program, a nonprofit agency must submit the following documentation for review:

- ❑ Articles of incorporation and by-laws of the nonprofit agency or
  An IRS "Letter of Determination" of Section 501 (c)(3) status
- ❑ Type of service provided and number of clients served
- ❑ Proof of purchase and documentation of payment
- ❑ A list of all board members, including names and titles, length of term on board, and each member's term expiration
- ❑ A list of all principal staff to include the job title and a brief job description *(if possible, limit to one page)*
- ❑ Evidence of membership of the Continuum of Care – Care Connection *(can be verified by meeting minutes or attendance roster)*

OTHER TERMS

- ❑ Local non-profits, operational for at least one year, may submit current (up to one month) supply and equipment receipts to the City of Gastonia Housing and Neighborhoods Division for reimbursement.
- ❑ Service provider cannot mandate church attendance or Bible Study to clients, must allow inspection of facility by the Community Development Division and must provide an annual report of beneficiaries served.
- ❑ Receipts must be for supplies such as office material, toiletries, bedding, etc., and must be for the current program year.
- ❑ Maximum program assistance is $500.00.
- ❑ Funding approval is based upon a completed application with all required documentation and is reviewed on a first-come first-serve basis until all available program funding is expended.
- ❑ All applications that are incomplete at the time of the deadline cannot be considered for eligibility.

SUBMISSION DEADLINE: Thursday, April 11, 2019

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NON-PROFIT REIMBURSEMENT PROGRAM APPLICATION

Program Description and Persons Served

Program Service Period: July 1, 2018 through June30,2019

In the space provided below, list the type of service provided and the number of persons/beneficiaries served.

REPORTING DATA: Information should be for the current program year. If your program period differs from the period above, please list the program period below, and provide the most recent data your agency has available. Final reporting numbers must be submitted to our office during the monitoring period.

	Program Description/Type	Total Beneficiaries	Race										Ethnicity	
			11	12	13	14	15	16	17	18	19	20	21	22
			White	Black	Asian	Amer Ind/Alask Nat	Native Hawaiian	American Indian/Alask. Nat. & White	Asian and White	Black/African American & White	American Indian/Alask Native & Black/African	Other Multi-racial	*Hispanic	*Non-Hispanic
EX:	Example: Homeless Day Shelter	65	42	18						3		2	2	63
1														
2														
3														
	Total Persons Assisted (WITH DEMOGRAPHIC DATA)													

* For the information listed in columns 11-20, provide the number of persons that are of hispanic or non-hispanic.

If your agency program service period is different than the dates listed above, provide the service period below:

Specify period for which demographic data is reported: 7/1/2018 through PRESENT

The data reported above is during the period of:

_____ through _____

NAME OF ORGANIZATION _____

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Notice of Uniform Guidance Requirements
City of Gastonia Federal Pass-Through Agencies

Due to *regulations that are effective either 01/01/2018 OR 07/01/2018*, the following information may have an impact upon your agency when contracting with the City of Gastonia for federally-funded activities, more specifically funds received from the U.S. Department of Housing and Urban Development (HUD). So that you are aware, please review the information below and take action as necessary.

SUMMARY

In December 2014, OMB together with federal awarding agencies issued an interim final rule to implement the *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance)*. Uniform Guidance replaces the multiple OMB Circulars currently in place.

REQUIREMENT

Several extensions for implementation of the requirements were set in place however, the *final compliance date is 07/01/2018*. *ALL entities that receive Federal funds ARE REQUIRED to have board adopted written purchasing policies* and these written policies must state that purchases funded with Federal grant funds must conform to the applicable Federal law and the standards for purchasing identified in the OMB Uniform Guidance, codified at 2 C.F.R, Subpart D (Section 200.317-326).

DEFINE OPERATIONAL YEAR

It will be necessary for your agency to provide written documentation as to your operation year, whether fiscal or calendar year. If your agency's year-end is June 30 then a written purchasing policy must be in place by *July 1, 2018*; If the *year-end is December 31*, agency *procedures should have been in place as effective January 1, 2018*. If the policy is already in place, please provide a copy of the policy and the date effective.

SUBMIT POLICY DOCUMENTATION

Copies of these policies must be provided to our office for maintenance in our records, and a copy must be submitted annually each year thereafter or prior to each written agreement, as applicable. Your agency's compliance with the OMB Uniform Guidance will be verified prior to the execution of any future written agreements/contracts with the City of Gastonia.

RESOURCE(S)

https://www.hud.gov/program_offices/public_indian_housing/reac/products/mf_news
https://www.federalregister.gov/documents/2015/12/07/2015-29692/uniform-administrative-requirements-cost-principles-and-audit-requirements-for-federal-awards

ADDITIONAL RESOURCE(S)

https://www.councilofnonprofits.org/omb-uniform-guidance-nonprofits-know-your-rights
https://www.councilofnonprofits.org/nonprofit-audit-guide/federal-law-audit-requirements

We are currently reviewing our policies to ensure our compliance with this regulation, and wanted to alert you of the impending requirements. Additional guidance will be provided prior to future transactions. Should you have any questions, feel free to contact our office:

Tyler Davis, Grants Administrator	(704) 866-6906	tylerd@cityofgastonia.com
Vincent C. Wong, Director of Community Development and Innovation	(704) 866-6756	vincentw@cityofgastonia.com