

Community Climate Action Grant Program

Application FY 2021-22

SUBMISSION CHECKLIST

Primary Applicant Organization: _____

Project Name: _____

| Section | Subsection |
|---|---|
| Cover Page | <input type="checkbox"/> Applicant and Collaborator/Partner Contact Information <input type="checkbox"/> Funding Request Summary <input type="checkbox"/> Signed Application Cover Page |
| Disclosure | <input type="checkbox"/> Signed Disclosure of Conflicts of Interest and Clause |
| Applicant Organization and Collaborator Information | <input type="checkbox"/> Applicant organization's Date of Incorporation (if applicable) <input type="checkbox"/> Applicant organization's Purpose/Mission (if applicable) <input type="checkbox"/> Living Wage <input type="checkbox"/> Schedule of Positions (if applicable) |
| Project Information | <input type="checkbox"/> Project Name <input type="checkbox"/> Project Description and Climate Plan Alignment <input type="checkbox"/> Collaborator Information (if applicable) <input type="checkbox"/> 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: bbouma@orangecountync.gov) | <input type="checkbox"/> Applicant Organization's Annual Budget and Proposed Project Budget (<i>Use template provided</i>) <input type="checkbox"/> Applicable Financial Records to prove eligibility: IRS Federal Form 990 or Applicant Organization's Tax Returns from 2019 <input type="checkbox"/> Applicable Financial Records to prove eligibility of collaborator/partner (if they are receiving project funds): IRS Federal Form 990 or Tax Returns from 2019 <input type="checkbox"/> List of members of organization's Governing Board (if Board exists) <input type="checkbox"/> Solid Waste Program Fee (SWPF) Verification (for commercial property owners and renters) <input type="checkbox"/> Certificate of Insurance |

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 21-22 Community Climate Action Grant funding requested for the project you are proposing and the proposed use of funds (*please list project name only*). Applicants will be asked to provide more details on their proposed project budget in the Budget Worksheets attachment.

| Project | Equipment | Operations | Personnel | Total |
|---|------------------|-------------------|------------------|--------------|
| <i>Ex. Youth Climate Leadership Project</i> | \$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...

YES NO

- 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?

If you have answered YES to any question or know of any other potential conflict of interest regarding your application, please 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.

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the program ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature: _____ Date _____
Applicant's Authorized Signatory



Applicant Organization & Collaborator Information

Please provide the following information about the primary applicant organization:

| Contact Information for Primary Contact, Chief Executive Officer / Executive Director, and Chief Financial Officer | |
|---|--|
| 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 Positions: | | | |
| b. Number of Part-Time Paid Positions: | | | |
| c. Number of volunteers: | | Average hours worked per volunteer per month | |

Collaborators: Please provide the following information about all significant collaborators and partners whether or not they will be receiving grant funding for this project. Feel free to copy and paste Questions "a" through "e" as needed if you have more than one significant collaborator/partner:

| | | | |
|--|--|--|--|
| a. Date of Incorporation (Month/Year): | | | |
| b. Applicant organization's Purpose/Mission (2-4 sentences): | | | |

| | | | |
|---|--|---|--|
| <p>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 timetables (2-4 sentences):</p> | | | |
| <p>d. Living Wage: Does this organization pay permanent employees a minimum living wage? (Yes / No)</p> | | <p>If yes, is this organization an Orange County Living Wage Certified Employer? (Yes / No)</p> <p>If no, please briefly explain.</p> | |
| <p>e. Schedule of Positions:</p> | | | |
| <p>a. Number of Full-Time Paid Positions:</p> | | | |
| <p>b. Number of Part-Time Paid Positions:</p> | | | |
| <p>c. Number of volunteers:</p> | | <p>Average hours worked per volunteer per month</p> | |

Project Information

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

| | |
|--|--|
| <p>6. Project Name:</p> | |
| <p>7. Please briefly describe the proposed project and the target population to benefit from the program. How many people will benefit? (100-300 words)</p> | |
| <p>8. Please choose the best description for the type of project:</p> | <p> <input type="checkbox"/> Infrastructure/Clean Tech: New <input type="checkbox"/> Infrastructure/Clean Tech: Repair <input type="checkbox"/> Infrastructure/Clean Tech: Replacement <input type="checkbox"/> Communication/Education <input type="checkbox"/> Natural Systems Management/Restoration <input type="checkbox"/> Circular Economy/Waste reduction <input type="checkbox"/> Analysis/Plan <input type="checkbox"/> Other (Please describe): _____ </p> |
| <p>9. Please choose the primary climate change mitigation focus for this project (select all that apply):</p> | <p> <input type="checkbox"/> Energy Efficiency <input type="checkbox"/> Renewable Energy <input type="checkbox"/> Beneficial Electrification <input type="checkbox"/> Carbon Sequestration <input type="checkbox"/> Other (Please describe): _____ </p> |
| <p>10. Has your organization or have your collaborators/partners completed projects of this type in the past? If so, what funds were used?</p> | <p> <input type="checkbox"/> Yes <input type="checkbox"/> Funding used (Please describe): _____ <input type="checkbox"/> No </p> |
| <p>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?</p> | <p> <input type="checkbox"/> Other capital or operational funds <input type="checkbox"/> None. This is a unique opportunity. <input type="checkbox"/> Unknown (please describe): _____ </p> |

| | |
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| <p>12. Please select the jurisdiction(s) where your project is focused and briefly state how your project aligns with the relevant Climate Action Plans (2-4 sentences).</p> <p>Please name the action items from each relevant plan that best align with your proposed project:</p> | <p><input type="checkbox"/> Carrboro: https://townofcarrboro.org/928/Community-Climate-Action-Plan</p> <p><input type="checkbox"/> Chapel Hill: https://www.sustainchapelhill.org/featured/2020/2/18/climate-action-and-response-plan</p> <p><input type="checkbox"/> Orange County: In progress, please instead show alignment with the Orange County BOCC Goals and Priorities.</p> <p>This proposed project aligns with the above plan(s) in the following ways:</p> |
|---|--|

Collaborators and Partners

In some projects, collaborators and partners provide essential capacity and connections. If collaborators or partners are an essential part of your project whether or not they are receiving grant funds, please use this section to provide more details. If you are not working with collaborators or partners, please feel free to write N/A in this section and move to the Social Justice and Racial Equity section.

| | |
|--|--|
| <p>13. Please describe one to three key partnerships/collaborations that add the most value to the success of the proposed project:</p> | |
|--|--|

Criterion 1 - Social Justice and Racial Equity

| | |
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| <p>14. Who will directly or indirectly benefit from your project? Please be as specific as possible on the characteristics of those who will benefit including, gender, race, age, income level and geographic location.</p> <p>Also, what are the demographics of the area where your project takes</p> | |
|---|--|

| | |
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| <p>place?</p> <p>Does your project help to address any racial disparities in the location it is proposed for?</p> <p>Please list any data sources used and show the steps of any calculations:</p> | |
| <p>15. Please describe any ways in which low-income or marginalized communities/households were engaged in the creation of this project proposal:</p> | |
| <p>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:</p> | |
| <p>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:</p> | |
| <p>18. During and after the project, what will your continued engagement with the community be?</p> | |
| <p>19. Please describe any other aspect of your project that is relevant to Social Justice and Racial Equity:</p> | |

Criterion 2 - Emissions Reduced

| | |
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| <p>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:</p> | |
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| | |
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| <p>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.</p> | |
| <p>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"</p> | |
| <p>23. Please describe any other aspect of your project that is relevant to the amount of emissions that it will reduce or avoid.</p> | |

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: <i>Please describe here</i> | | |
| Cost Per Unit of Impact | | |
| Other Unit of Impact: <i>Please describe here</i> | | |
| Cost Per Unit of Impact | | |

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

| | |
|---|--|
| <p>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:</p> | |
| <p>25. Does your project accelerate or expand on existing programs that already show positive impact?</p> | |
| <p>26. Does your project also take advantage of other funding sources?</p> | |
| <p>27. Would your proposed project help you to take advantage of funding from other sources besides this grant in the future?</p> | |
| <p>28. Please describe any other aspect of your project that is relevant to the efficient use of grant funds:</p> | |

Criterion 4 - Capacity of Applicant

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| <p>29. Please describe any projects that you have completed successfully in the past which are similar to the project you are proposing:</p> | |
| <p>30. If you are proposing to collaborate with other organizations on this project, please briefly describe their relevant experience to the project and/or the target population:</p> | |
| <p>31. Please describe any other relevant expertise or capacity to carry out the project in your application:</p> | |

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. | |

Criterion 7 - Time to Complete

| | |
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| 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 Coordinator, Brennan Bouma at bbouma@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 21-22 round of the Community Climate Action Grant is **Friday, July 30th 2021 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 Coordinator, Brennan Bouma (919-245-2626, bbouma@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 2019 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 [IRS' guide](#), 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) Solid Waste Program Fee (SWPF) Verification

This fee finances Orange County's recycling and waste reduction program. Submit either a.) proof of payment of the applicant organization's **FY 2019-20** Solid Waste Program Fee, OR b.) a statement on the applicant organization's letterhead indicating exemption and specify the person(s), business, etc. that is responsible for paying this fee.

e) 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, 2021). 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 Compensation¹ | 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 [NC Industrial Commission's website](#) 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 [Risk Management page](#) 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) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |