## **CESF Program Proposal Checklist**

A complete proposal package for funding under the Coronavirus Emergency Supplemental Funding (CESF) Program must contain the following items:

	Required Items:	~				
1	<ul> <li>Cover Sheet (previous page)</li> <li>Insert Applicant Name and Date of Submission</li> </ul>					
2	<ul> <li>CESF Proposal Checklist</li> <li>Signed by the authorized signatory with a digital signature <u>OR</u> a wet signature in blue ink.</li> </ul>					
3	<ul> <li>Applicant Information Form</li> <li>Signed by the authorized signatory with a digital signature <u>OR</u> a wet signature in blue ink.</li> </ul>					
4	Proposal Narrative     6 pages or less					
5	<ul> <li>Criteria for Non-Governmental Organizations (Appendix C)</li> <li>Signed by the authorized signatory with a digital signature <u>OR</u> a wet signature in blue ink.</li> </ul>	E.				
6	CESF Local Advisory Committee Membership Roster (Appendix D)					
7	Project Work Plan (Appendix E)					
8	<ul> <li>Certification of Compliance with BSCC Policies on Debarment, Fraud, Theft and Embezzlement (Appendix J)</li> <li>Signed by the authorized signatory with a digital signature <u>OR</u> a wet signature in blue ink.</li> </ul>					
9	<ul> <li>Budget Information (Budget Table &amp; Narrative)</li> <li>Use the BSCC provided template</li> </ul>					
	Optional:					
	Governing Board Resolution (Appendix I) Note: The Governing Board Resolution is due prior to contract execution but is not required at the time of proposal submission.					

I have reviewed this checklist and verified that all required items are included in this proposal packet.

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Applicant Adthorized Signature (see Applicant Information Form, Part L, next page)

## **CESF Applicant Information Form**

A. APPLICANT < Name> Co	unty	B. TAX IDENT	IFICATION NUMBE	R
NAME OF APPLICANT		TAX IDENTIFI	CATION #:	
Humboldt County		94-6000513		
STREET ADDRESS	CITY		STATE	ZIP CODE
826 4th Street	Eureka		CA	95501
MAILING ADDRESS (if differen	nt) CITY		STATE	ZIP CODE
	Humboldt County Sheriff's F Pandemic	Prevention, Prepa	ration, and Respons	se to the Coronavirus
D. PROJECT SUMMARY	(100-150 words):			
Humboldt County, over half it niles. The coronavirus pande nteract with each other and t reduce interpersonal contact suffering fatal consequences, he department's budget was ongoing law enforcement and E. GRANT FUNDS REQU See page 3 for funding by C	emic has upended standard he public they serve. As ess could save untold numbers These modifications are tim drafted. The CESF Grant fu community response activity ESTED:	operating proced sential workers in of citizens from c inds will be used ties in a safe and F. PASS-TH	ure by limiting the w this global crisis, ch ontracting the disea result in costs that w to purchase necess	anges to procedure to se and potentially vere not anticipated when ary equipment for
\$ 146,830	Jounty	\$ 29,367 and		
G. LEAD PUBLIC AGENO	CY: Humboldt C	ounty Sheriff's O	ffice	
H. PROJECT DIRECTOR	:			
NAME	TITLE		TELEPHONE NUMBE	R
William F. Honsal	Sheriff		(707)445-7251	
STREET ADDRESS 826 4th Street			FAX NUMBER	
CITY	STATE	ZIP CODE	EMAIL ADDR	ESS
Eureka				
Luicka	CA	95501	WHonsal@c	o.humbolt.ca.us
I. FINANCIAL OFFICER:		95501	WHonsal@c	o.humbolt.ca.us
I. FINANCIAL OFFICER: NAME	TITLE		TELEPHONE NUMBE	
I. FINANCIAL OFFICER: NAME Katie Collender		ve Analyst	TELEPHONE NUMBE (707)268-2526	
I. FINANCIAL OFFICER: NAME	TITLE	ve Analyst	TELEPHONE NUMBE	
I. FINANCIAL OFFICER: NAME Katie Collender STREET ADDRESS 826 4 <sup>th</sup> Street CITY	TITLE Senior Administrativ STATE	ve Analyst ZIP CODE	TELEPHONE NUMBE (707)268-2526 FAX NUMBER EMAIL ADDR	ESS
I. FINANCIAL OFFICER: NAME Katie Collender STREET ADDRESS 826 4 <sup>th</sup> Street CITY Eureka	TITLE Senior Administration STATE CA	ve Analyst	TELEPHONE NUMBE (707)268-2526 FAX NUMBER EMAIL ADDR KCollender2	ESS @co.humboldt.ca.us
I. FINANCIAL OFFICER: NAME Katie Collender STREET ADDRESS 826 4 <sup>th</sup> Street CITY	TITLE Senior Administration STATE CA	ve Analyst ZIP CODE	TELEPHONE NUMBE (707)268-2526 FAX NUMBER EMAIL ADDR	ESS
I. FINANCIAL OFFICER: NAME Katie Collender STREET ADDRESS 826 4 <sup>th</sup> Street CITY Eureka PAYMENT MAILING ADDRES J. DAY-TO-DAY <u>PROGR</u>	TITLE Senior Administrativ STATE CA SS (if different) CITY	ve Analyst ZIP CODE 95501	TELEPHONE NUMBE (707)268-2526 FAX NUMBER EMAIL ADDR KCollender2 STATE	ESS @co.humboldt.ca.us ZIP CODE
I. FINANCIAL OFFICER: NAME Katie Collender STREET ADDRESS 826 4 <sup>th</sup> Street CITY Eureka PAYMENT MAILING ADDRES J. DAY-TO-DAY <u>PROGR</u> NAME	TITLE Senior Administrativ STATE CA SS (if different) CITY AM CONTACT: TITLE	ve Analyst ZIP CODE 95501	TELEPHONE NUMBE (707)268-2526 FAX NUMBER EMAIL ADDR KCollender2 STATE TELEPHONE NUMBE	ESS @co.humboldt.ca.us ZIP CODE
I. FINANCIAL OFFICER: NAME Katie Collender STREET ADDRESS 826 4 <sup>th</sup> Street CITY Eureka PAYMENT MAILING ADDRES J. DAY-TO-DAY <u>PROGR</u> NAME Ryan Derby STREET ADDRESS	TITLE Senior Administrativ STATE CA SS (if different) CITY	ve Analyst ZIP CODE 95501 es Manager	TELEPHONE NUMBE (707)268-2526 FAX NUMBER EMAIL ADDR KCollender2 STATE	ESS @co.humboldt.ca.us ZIP CODE
I. FINANCIAL OFFICER: NAME Katie Collender STREET ADDRESS 826 4 <sup>th</sup> Street CITY Eureka PAYMENT MAILING ADDRES J. DAY-TO-DAY <u>PROGR</u> NAME Ryan Derby	TITLE Senior Administrativ STATE CA SS (if different) CITY AM CONTACT: TITLE	ve Analyst ZIP CODE 95501 es Manager	TELEPHONE NUMBE (707)268-2526 FAX NUMBER EMAIL ADDR KCollender2 STATE TELEPHONE NUMBE (707)268-2502	ESS @co.humboldt.ca.us ZIP CODE

NAME	TITLE	TEL	_EPHONE NUMBER
Tammi Borges Gilbert	Admin Analyst II	(70	7)268-3662
STREET ADDRESS 826 4 <sup>th</sup> Street		FA	KNUMBER
CITY	STATE	ZIP CODE	EMAIL ADDRESS
Eureka	CA	95501	tgilbert1@co.humboldt.ca.us

L. AUTHORIZED SIGNATURE By signing this application, I hereby certi that the grantee and any subcontractors			
NAME OF AUTHORIZED OFFICER	TITLE Chair, Humboldt	TELEPHONE NUMBER	EMAIL ADDRESS
Virginia Bass	County Board of Supervisors	(707)476-2394	VBass@co.humboldt.ca.us
STREET ADDRESS	CITY	STATE	ZIP CODE
825 5th Street	Eureka	CA	95501
EMAIL ADDRESS VBass@co.humboldt.ca.us			
APPLICANT'S SIGNATURE (Signed by <u>OR</u> a wet signature in blue ink.)	DATE		
× Ungine B	tins		1/26/2021
0			

\*Authorized Signature: Must be a representative with the authority to sign documents and obligate the applicant\*

## CONFIDENTIALITY NOTICE

All documents submitted as a part of the Coronavirus Emergency Supplemental Funding (CESF) Program are public documents and may be subject to a request pursuant to the California Public Records Act. The BSCC, as a state agency, may have to disclose these documents to the public. The BSCC cannot ensure the confidentiality of any information submitted in or with this proposal. (Gov. Code, §§ 6250 et seq.)

## Appendix I: Certification of Compliance with BSCC Policies on Debarment, Fraud, Theft and Embezzlement

(Page 1 of 2)

It is the policy of the BSCC to protect grant funds from unreasonable risks of fraudulent, criminal, or other improper use. As such, the Board <u>will not</u> enter into contracts or provide reimbursement to applicants that have been:

- debarred by any federal, state, or local government entities during the period of debarment; or
- 2. convicted of fraud, theft, or embezzlement of federal, state, or local government grant funds for a period of three years following conviction.

Furthermore, the BSCC requires grant recipients to provide an assurance that there has been no applicable debarment, disqualification, suspension, or removal from a federal, state or local grant program on the part of the grantee at the time of application and that the grantee will immediately notify the BSCC should such debarment or conviction occur during the term of the Grant contract.

BSCC also requires that all grant recipients include, as a condition of award to a subgrantee or subcontractor, a requirement that the subgrantee or subcontractor will provide the same assurances to the grant recipient. If a grant recipient wishes to consider a subgrantee or subcontractor that has been debarred or convicted, the grant recipient must submit a written request for exception to the BSCC along with supporting documentation.

By checking the following boxes and signing below, applicant affirms that:

☑ I/We are not currently debarred by any federal, state, or local entity from applying for or receiving federal, state, or local grant funds.

☑ I/We have not been convicted of any crime involving theft, fraud, or embezzlement of federal, state, or local grant funds within the last three years. We will notify the BSCC should such debarment or conviction occur during the term of the Grant contract.

☑ I/We will hold subgrantees and subcontractors to these same requirements.

A grantee may make a request in writing to the Executive Director of the BSCC for an exception to the debarment policy. Any determination made by the Executive Director shall be made in writing.

(Page 2 of 2)

AUTHORIZED SIGNATURE (This document must be signed by the person who is authorized to sign the Grant Agreement.)						
NAME OF AUTHORIZED OFFICER	ONE NUMBER					
Virginia Bass	Chair, Humboldt County Board of Supervisors	(707)476	3-2394			
STREET ADDRESS	CITY	STATE	ZIP CODE			
825 5th Street	Eureka	CA	95501			
EMAIL ADDRESS						
VBass@co.humboldt.ca.us						
AUTHORIZED OFFICER SIGNATURE (This documen to sign the Grant Agreement. The authorized signato ink signature.) X UMMLE Bence	DATE 1/26/2021					
to sign the Grant Agreement. The authorized signato ink signature.)	DATE 1   26   200					