

## Program Overview

### Adams County COVID-19 Grant Program (American Rescue Plan Act Funding)

Adams County is providing grants through the Adams County COVID-19 Grant Program to eligible nonprofit organizations, school districts, special districts, businesses, and nongovernmental organizations through its American Rescue Plan Act (ARPA) Relief Funding through an open, competitive grant application process.

Eligibility Requirements: funds requested must be used in response to COVID-19 itself or the harmful consequences of the economic disruptions resulting from or exacerbated by the COVID-19 public health emergency.

This funding opportunity seeks to support projects that address the critical needs of individuals and families affected by domestic violence. Organizations and individuals are invited to submit proposals outlining innovative and effective strategies to prevent and provide services and support to domestic violence survivors within Adams County.

Adams County is seeking two types of applicants: Service Providers (Direct Services, Supportive Services, and Long Term Supports) and Rapid Response Agencies. Service providers are those who plan to offer services to survivors of domestic violence. These services could encompass a wide range of support tailored to aid survivors in various ways.

Rapid Response Agencies are specialized entities with specific criteria related to providing immediate (24/7) coordinated care. These agencies should meet the general requirements but also have additional qualifications or capabilities outlined in the specific requirements section. These additional qualifications include the ability to respond 24/7 to urgent situations related to domestic violence effectively.

**Adams County's goal is to reduce the impact of domestic violence in Adams County and support all survivors to thrive. Domestic Violence includes physical, emotional, and psychological abuse and family trauma.**

The goal is measured by:

1. **Tracking and identifying cases** - Track and identify the number and type of domestic violence cases in Adams County.
2. **Increasing knowledge and access to supportive services** - Increase knowledge about, access to, and capacity of supportive services for survivors.
3. **Reducing and preventing homelessness** - Reduce and prevent homelessness resulting from domestic violence incidents.

4. **Increasing support through court systems** - Increase the number of survivors who can move their case forward through the court systems, ensuring they have the legal support needed.

**Application Submission Guidelines:**

1. Complete applications must be submitted by February 23<sup>rd</sup> by 11:59 pm.
2. Applications should address how the proposed project aligns with the goals of domestic violence prevention and meets the needs of the Adams County community as outlined in the scoring matrix.
3. Content and completeness of application including attachments.

**General Requirements for *all* applicants:**

1. Must use county-mandated software for grant management and client tracking.
2. Participate in external program evaluation.
3. Must have active registration on SAM.gov.
4. Must be in good standing with the state.
  - a. Practitioners must be licensed in the State of Colorado and be in good standing. Lawyers must be in good standing with the Colorado Bar Association.
5. Must be in good standing with other Adams County grant awards (if applicable).

**In addition to the above, the *Rapid Response Agency* applicants must:**

1. The Rapid Response Agency must be available 24/7 to provide emergency services and or coordination of care (such as medical services, legal assistance, therapeutic services, financial services, food, emergency shelter/housing, transportation, etc.).
2. Proven experience working with survivors of Domestic Violence.
3. Must have demonstrated partnerships and collaborations with crime victim services agencies.
4. Willing to collaborate on centralizing the 24/7 coordination of services (e.g., hotline).

**A. Organization Information**

- A.1. Organization Name: [Text]
- A.2. Organization Address: [Text]
- A.3. Performance Address: [Text]
- A.4. Tax-Exempt Number: [Text]
- A.5. Employer Identification Number (EIN): [Text]
- A.6. Is your organization registered in SAM.org? (System for award management) (Y/N)
  - a. If yes, what is the expiration date? [Logic, if yes show this question, date field]

- A.7. Unique Entity ID: [\[Text\]](#)
- A.8. Is your Organization in Good Standing with the Secretary of State? \*Upload your certificate of Good Standing (Y/N & Upload)
- A.9. Organization Type: [\[Select as many as apply, check boxes\]](#)
- Not for Profit
  - For Profit
  - Local Government (City, DA's Office, County)
  - Higher Education/ Research Institute
  - Health Care/ Hospital
  - Other: \_\_\_\_\_ [\[select box and fill in the blank\]](#)
- A.10. Is your organization: [\[Select as many as apply, check boxes\]](#)
- Individual with disability owned
  - Black, Indigenous, Person of Color owned
  - LGBTQ+ owned
  - Women owned
  - Veteran owned
- A.11. What is the demographic composition of the governing board? (Individual with disability, Black, Indigenous, Person of Color, LGBTQ+, Women, Veteran) [\[Text\]](#)
- A.12. What is the demographic composition of the staff? [\[Text\]](#)
- A.13. Contact First Name: [\[Text\]](#)
- A.14. Contact Last Name: [\[Text\]](#)
- A.15. Contact Title: [\[Text\]](#)
- A.16. Contact Phone: [\[Text\]](#)
- A.17. Contact Email: [\[Text\]](#)
- A.18. Applicant Name: [\[Text\]](#)
- A.19. Applicant Phone: [\[Text\]](#)
- A.20. Applicant Email: [\[Text\]](#)

## B. Project Information

- B.1. Type of Project (select the option(s) that best describe the project you are applying for):

[\[When a box is selected, is there a logic that can populate the shorter list below for applicants to choose from? We want them to select both\]](#)

- Rapid Response Agency [\[If this box is selected, can it open the Rapid Response Agency questions – Q's B 14-19\]](#)
- Direct Services
  - Therapeutic Services
  - Prevention and Education/Awareness

- Housing and Homelessness Prevention
  - Supportive Services
    - Self-Sufficiency Supports
    - Legal Supports
    - Medical Supports
  - Long Term Supports
    - Peer Support and Community Focused Interventions
    - Data Tracking and Infrastructure
- B.2. Project Title: [Text]
- B.3. This project is: [Single select, check box]
- New
  - Ongoing
- B.4. If ongoing, explain how services will be expanded or continued:
- B.5. Project Start Date: [Text]
- B.6. Project End Date: [Text]
- B.7. Project Description/Narrative: *Provide a brief description of the program or effort you are applying for funds to support and explain how it will address domestic violence in Adams County. Please explain what difference you are hoping to make for community members in Adams County.* [Large Text box, limit 1000 words]
- B.8. Why is your organization the one to respond to this issue/challenge? Please discuss past experiences, partnerships, cultural responsiveness, and community engagement. [Large Text box, limit 500 words]
- B.9. How does the intended impact/outcome of this project align with the County's priority areas and goals supporting survivors of domestic violence? [Large Text box, limit 500 words]
- B.10. What gaps in services does the project address? How will the project avoid duplication of services? [Large Text box, limit 500 words]
- B.11. Specifically identify the need(s) or negative impact(s) of COVID-19 being addressed by the proposed program, service, or other intervention. [Large Text box, limit 250 words]
- B.12. Is the project evidence-based? *Describe how the proposal is informed by nationally recognized outcomes and best practices, is evidenced-based, or is supported by research. If the project is new or novel and is not yet supported by robust evidence, please describe why you believe it will be effective and how you plan to show beyond a reasonable doubt that it has been.* [Large Text box, limit 500 words]
- B.13. If this project is not evidence-based, provide strong justification for how this intervention will achieve an impact. [Large Text box, limit 500 words]

**Rapid Response Agency: Emergency Response and Connection to Services** - *The rapid response agency must be available 24/7 to provide immediate coordination of care (such as medical services, legal assistance, therapeutic services, financial services, food, emergency shelter/housing, transportation, etc.).*

- B.14. Describe your organization’s knowledge of working with survivors and victims of domestic violence. [\[Large Text box, limit 500 words\]](#)
- B.15. What established partnerships or collaborations does the agency have with crime victim services agencies and service providers and how do organizations work, or plan, together? [\[Large Text box, limit 500 words\]](#)
- B.16. Does the organization have bi-lingual staff or interpretation services that can communicate with non-English speakers? [\[Large Text box, limit 250 words\]](#)
- B.17. What knowledge does the organization have of the legal system as it pertains to victims and survivors? [\[Large Text box, limit 250 words\]](#)
- B.18. What geographic areas in Adams County are you going to cover as a rapid response agency? (Cities, neighborhoods, zip codes, etc.) [\[Large Text box, limit 250 words\]](#)
- B.19. How does the organization plan to support centralization of 24/7 coordination of services? [\[Large Text box, limit 500 words\]](#)

### C. Project Outcomes and Key Performance Indicators:

- C.1. What are the target outcomes and key performance indicators (KPIs) for this project? How will they be monitored? [\[Large Text box, limit 500 words\]](#)
- C.2. Detail your Key Performance Indicators (KPIs): [\[Large Text box\]](#)
- C.3. Upload: Key Drivers/KPIs or Logic Model [\[Upload\]](#)

### D. Financial Information

- D.1. Overall Project Budget Amount: [\[Text box\]](#)
- D.2. Adams County ARPA Amount Requested: [\[Text box\]](#)
- D.3. Budget Narrative: [\[Text box\]](#)
- D.4. Upload your budget using the template provided by Adams County: [\[Template Download/Upload Budget Here\]](#)

### E. Capacity and Sustainability

- E.1. What level of success can your project achieve without these grant funds? [\[Text box\]](#)
- E.2. Does your organization have the needed internal capacity to successfully implement the project? Please describe: [\[Large Text box, limit 500 words\]](#)
- E.3. Will the organization need ongoing funding to support project sustainability? (Y/N)
- E.4. If yes, how do you plan to sustain beyond this grant award? If no, please describe why sustainability is not needed for this project. [\[Large Text box, limit 500 words\]](#)
- E.5. List any similar projects your organization has worked on or is currently working on: [\[Large Text box, limit 500 words\]](#)

E.6. What was the level of success in those projects: [\[Large Text box, limit 500 words\]](#)

## F. Equity

F.1. What populations and demographics does the project aim to serve? [\[Large Text box, limit 250 words\]](#)

F.2. How does the project meet diverse cultural and linguistic needs in Adams County? [\[Large Text box, limit 500 words\]](#)

F.3. How will your organization address barriers of accessibility for this project? (Transportation, hours of operation, location, childcare, etc.) [\[Large Text box, limit 500 words\]](#)

## G. Resources and Key Partners

G.1. To implement this project, are partnerships with external agencies needed? (Y/N)

G.2. If external partnerships are not needed, please explain why. [\[Large Text box, limit 250 words\]](#)

G.3. Who, if any, partners are you working with on this issue/challenge? [\[Large Text box, limit 250 words\]](#)

G.4. Define the role of the partnership(s): [\[Large Text box, limit 500 words\]](#)

G.5. Upload a copy of any partnership agreements (MOU, agreement, letters of support, etc.) [\[Upload\]](#)

## H. Additional Information

H.1. Additional information that was not included in other application questions that reviewers should know: [\[Large Text box, limit 250 words\]](#)

H.2. Upload:

- Risk Assessment: [\[Template Download/Upload Risk Assessment Here\]](#)
- New Vendor Form and W9: [\[Template attached/ Upload Risk Assessment Here\]](#)
- Financial Records
- Additional Documents as needed