

# North Carolina Office of Recovery & Resiliency

## State Recovery Grants for Financially Distressed Local Governments/Tribal Governments Application

Fiscal Year 2020

<b>Disaster Declaration</b>	
<i>Please select the Presidential Disaster Declarations that apply to your county, incorporated municipality, or tribal government.</i>	
<input checked="" type="checkbox"/>	Hurricane Florence (DR-4393)
<input type="checkbox"/>	Hurricane Dorian (DR-4465)

### 1 CONTACTS

Enter requested information for all contacts listed below.

Applicant

<b>Applicant</b>			
<i>This is the agency applying for grants.</i>			
Applying agency	Town of Oriental		
Street address	PO Box 472/ 507 Church St		
City	Oriental	Zip +4	28571-0472
Email	Manager@townoforiental.com		
EIN/Tax ID number	Click or tap here to enter text.		
DUNS number	Click or tap here to enter text.		
Your name	Click or tap here to enter text.		
Are you authorized to apply for grants on behalf of the applying agency?	Choose an item.		

Field help

<b>Applying agency</b>	The name of the agency applying for the grant.
<b>Street address, City, ZIP + 4, Email</b>	The phone, street address (not PO Box), city, nine-digit zip code, and email of the applying agency.
<b>EIN/Tax ID number</b>	The unique nine-digit identification number of the agency. Your Financial personnel should be able to provide this number.
<b>DUNS number</b>	The unique eight-digit identification number of the agency. Your financial personnel should be able to provide this number.
<b>Your name</b>	The name of the individual completing this application.

## Grant point of contact

<b>Grants point of contact</b>			
<i>This is the focal point for any ongoing communications regarding the grants. There is an opportunity to override this contact for any specific grant.</i>			
Name	Click or tap here to enter text.		
Agency	Click or tap here to enter text.		
Title	Click or tap here to enter text.		
Phone (work)	Click or tap here to enter text.	Phone (mobile)	Click or tap here to enter text.
Street address	Click or tap here to enter text.		
City	Click or tap here to enter text.	ZIP + 4	Click or tap here to enter text.
Email	Click or tap here to enter text.		

### Field help

<b>Name</b>	The name of the contact.
<b>Agency</b>	The name of the agency of the contact.
<b>Title</b>	The title within the agency of the contact.
<b>Phone, Street address, City, ZIP + 4, email</b>	The phone number, street address (not PO Box), city, nine-digit zip code, and email of the contact.

## EM program manager

<b>EM program manager</b>	
<i>This is the local EM grants manager.</i>	
Name	Click or tap here to enter text.
Email	Click or tap here to enter text.

### Field help

<b>Name</b>	The name of the program manager.
<b>Email</b>	The email address of the program manager.

## Finance director

<b>Finance director</b>	
<i>The signature of the finance director of the agency is required for the memorandum of agreement.</i>	
Name	Click or tap here to enter text.
Email	Click or tap here to enter text.

### Field help

<b>Name</b>	The name of the finance director.
<b>Email</b>	The email of the finance director.

## Grant MOA signatory

Grant MOA signatory			
<i>This is the individual whose name appears on the signature page of the memorandum of agreement. While only one signatory is required, space for an additional signatory is provided. If even more signatories are required, add them in the "Appends" section. There is an opportunity to override this contact for any specific grant.</i>			
Name	Click or tap here to enter text.		
Agency	Click or tap here to enter text.		
Title	Click or tap here to enter text.		
Street address (not PO Box)	Click or tap here to enter text.		
City	Click or tap here to enter text.	ZIP + 4	Click or tap here to enter text.
Email	Click or tap here to enter text.		
Name	Click or tap here to enter text.		
Agency	Click or tap here to enter text.		
Title	Click or tap here to enter text.		
Street address (not PO box)	Click or tap here to enter text.		
City	Click or tap here to enter text.	ZIP + 4	Click or tap here to enter text.
Email	Click or tap here to enter text.		

### Field help

<b>Name</b>	The individual who signs the memorandum of agreement on behalf of the applicant.
<b>Agency</b>	The agency name of the signatory.
<b>Title</b>	The title within the agency of the signatory.
<b>Street address, City, ZIP + 4, email</b>	The street address (not PO Box), city, nine-digit zip code, and email of the signatory.

## 2 STATE GRANTS FOR FINANCIALLY DISTRESSED LOCAL GOVERNMENTS – TOTAL PROPOSAL SHALL NOT EXCEED \$1,000,000

- A. Request for grant funds to cover non-disaster-related operating budget expenses, including:
- *General payroll obligations*
  - *Payments to vendors for goods and services **not related** to disaster response and recovery, where nonpayment would result in a negative financial outcome*
  - *Disaster Response and Recovery Expenses **denied** for federal reimbursement*
  - *Disaster-related repairs to facilities and infrastructure **denied** for federal reimbursement*
  - *Debt service payments*

<b>General information</b> <i>Enter information describing the request for funds.</i>	
Proposed Expense Type	Click or tap here to enter text.
Description of need	
Expense Amount	Click or tap here to enter text.
Anticipated Expense Date	Click or tap here to enter text.
<b>General information</b> <i>Enter information describing the request for funds.</i>	
Proposed Expense Type	Click or tap here to enter text.
Description of need	
Expense Amount	Click or tap here to enter text.
Anticipated Expense Date	Click or tap here to enter text.
<b>General information</b> <i>Enter information describing the request for funds.</i>	
Proposed Expense Type	Click or tap here to enter text.
Description of need	
Expense Amount	Click or tap here to enter text.
Anticipated Expense Date	Click or tap here to enter text.
<b>General information</b> <i>Enter information describing the request for funds.</i>	
Proposed Expense Type	Click or tap here to enter text.
Description of need	
Expense Amount	Click or tap here to enter text.
Anticipated Expense Date	Click or tap here to enter text.
<b>General information</b> <i>Enter information describing the request for funds.</i>	
Proposed Expense Type	Click or tap here to enter text.
Description of need	
Expense Amount	Click or tap here to enter text.
Anticipated Expense Date	Click or tap here to enter text.
<b>General information</b> <i>Enter information describing the request for funds.</i>	
Subtotal Amount	Click or tap here to enter text.

*Field help*

- Proposed Expense Type** The name of the expense to be covered. The field can be a maximum of 30 characters.
- Description of need** A brief description of the expense need to be covered by grant funds.
- Expense Amount** Total dollar amount of the expenses to be covered by the grant.
- Anticipated Expense Date** Expected date of when the grant funds would be expended.
- Subtotal Amount** Cumulative sum of the *Expense Amounts* listed above.

- B. Request for grant funds to provide one-time capacity building for disaster recovery, including:
- *No more than two disaster recovery-related positions, including salary, benefits, and operating expenses for up to three years.*
  - *Contracted services for disaster recovery or agreements with other local governments or the local Council of Government to support disaster recovery efforts for up to three years.*
  - *One vehicle to support disaster recovery activities.*

<b>Requested Funds for Position #1</b>	
<i>Enter information describing the request for funds.</i>	
Proposed Position	Click or tap here to enter text.
Description of Disaster Recovery Support	
Annual Salary	Click or tap here to enter text.
Annual Benefits	Click or tap here to enter text.
Annual Operating Costs	Click or tap here to enter text.
Total Annual Cost for Position	Click or tap here to enter text.
Cumulative Cost over 3 years	Click or tap here to enter text.
<b>Requested Funds for Position #2</b>	
<i>Enter information describing the request for funds.</i>	
Proposed Position	Click or tap here to enter text.
Description of Disaster Recovery Support	
Annual Salary	Click or tap here to enter text.
Annual Benefits	Click or tap here to enter text.
Annual Operating Costs	Click or tap here to enter text.
Total Annual Cost for Position	Click or tap here to enter text.
Cumulative Cost over 3 years	Click or tap here to enter text.
<b>Requested Funds for Contracted Services</b>	
<i>Enter information describing the request for funds.</i>	
Proposed Contract(s) Type	Click or tap here to enter text.
Description of Disaster Recovery Support	
Annual Anticipated Expenses	Click or tap here to enter text.
Cumulative Cost over 3 years	Click or tap here to enter text.
<b>Requested Funds for Agreements with other Local Governments or Council of Government</b>	
<i>Enter information describing the request for funds.</i>	
Proposed Agreement Expense Type	Click or tap here to enter text.
Description of Disaster Recovery Support	
Annual Anticipated Expenses	Click or tap here to enter text.
Cumulative Cost over 3 years	Click or tap here to enter text.
<b>Requested Funds for a Vehicle</b>	
<i>Enter information describing the request for funds.</i>	
Proposed Vehicle	Click or tap here to enter text.
Description of Disaster Recovery Support	
Expenditure Amount	Click or tap here to enter text.
Anticipated Expense Date	Click or tap here to enter text.
<b>Subtotal – Grant Request for one-time capacity building for disaster recovery (any Cumulative Cost over 3 years + any Expenditure Amount for a vehicle)</b>	
Subtotal Amount	Click or tap here to enter text.

*Field help*

**Proposed Position** The name of the position to be funded. The field can be a maximum of 30 characters.

**Proposed Contract(s)** The name(s) of the proposed contracts to be funded. The field can be a maximum of 30 characters.

**Type**

**Proposed Agreement Expense Type** The name(s) of the proposed agreements with outside organizations to be funded. The field can be a maximum of 30 characters.

**Proposed Vehicle** Type of vehicle to be purchased.

**Description of Disaster Recovery Support** A brief description how this request will specifically support the local government's or tribal government's disaster recovery effort.

**Annual Salary** Annual direct salary or wage expenditures.

**Annual Benefits** Annual fringe benefits cost for this position.

**Annual Operating Costs** Annual operating costs for this position, including supplies, equipment, and travel expenditures.

**Total Annual Cost for Position** Total of salary, benefits, and operating costs for one year.

**Annual Anticipated Expenses** Total annual expense amount for the contract(s) or agreement(s).

**Expenditure Amount** Anticipated purchase cost of the vehicle.

**Cumulative Cost over 3 years** Total Annual Cost of Position summed over 3 years

**Description of Disaster Recovery Support** Brief description of how the vehicle will support the local government's or tribal government's disaster recovery efforts.

**Anticipated Expense Date** Expected date of when the grant funds would be expensed.

**Subtotal** Sum of any proposed *Cumulative Cost over 3 years* and proposed *Expenditure Amount* for a vehicle.

C. Total Proposed Grant Amount – Not to exceed \$1,000,000

Total Proposed Grant from the Financially Distressed Local Government Program – <i>Not to exceed \$1,000,000</i>	
Subtotal Amount for <i>non-disaster-related operating budget expenses</i>	Click or tap here to enter text.
Subtotal Amount for <i>one-time capacity building for disaster recovery</i>	Click or tap here to enter text.
Grand Total – <i>not to exceed \$1,000,000</i>	Click or tap here to enter text.

*Field help*

**Subtotal Amount for non-disaster-related operating budget expenses** Subtotal from Section 2.A. for non-disaster related operating budget expenses

**Subtotal Amount for one-time capacity building for disaster recovery** Subtotal from Section 2.B. for one-time capacity building for disaster recovery

**Grand Total** The sum of all of the amounts – not to exceed \$1,000,000

## 4 CERTIFICATION

Certification	
<i>Review each certification item and check where appropriate.</i>	
I certify that:	<input type="checkbox"/> This application includes complete and accurate information. <input type="checkbox"/> Submission of the grant proposal does not guarantee funding. <input type="checkbox"/> Grant proposals through the State Grants for Financially Distressed Local Governments <b>do not</b> include expenses that are federally reimbursable through federal disaster response, recovery, or resiliency programs.

## 5 APPENDICES

Add any information not accommodated by the application form here.

### Information About Current Financial Standing

Please complete and submit the “NCORR Application Unit Financial Information” Excel Worksheet. Please be sure to complete all fields for the Interim Current Fiscal Year to Date.

### Debt Service

Current Debt Service	
General Fund Debt Service – FY 2019-20	Click or tap here to enter text.
All non-General Fund Debt Service – FY 2019-20	Click or tap here to enter text.

Insufficient budget to cover Operating Expenses, such as payroll and vendor payments

**General Description of the Budgetary Challenge**

*Enter additional information in the space below.*

Diminishing tax or enterprise revenues due to outmigration of population or other disruptions to public services

**General Description of the Budgetary Challenge**

*Enter additional information in the space below.*

Increased risk of not servicing debt payments

**General Description of Debt Service Challenges**

*Enter additional information in the space below.*

Local Government or Tribal Government Approved Budget for FY 2019-20

**Enter URL for the online published approved budget for FY 2019-20**

If your organization does not publish an online budget, please attach a pdf copy of your jurisdiction's approved budget.

Brief Position Descriptions for Requested Grant Funds

**For local governments and tribal governments applying for a grant under the State Grants for Financially Distressed Local Governments program, please attach brief position descriptions for any disaster recovery positions proposed in your application package.**

Federal Reimbursement Denial for Disaster Related Expenses

**For local governments or tribal governments applying for a grant under the State Grants for Financially Distressed Local Governments program to cover "disaster response and recovery expenses" or "disaster-related repairs to facilities and infrastructure," please provide documentation of denial by a federal agency.**