

# BARNSTABLE COUNTY FY22 LICENSE PLATE GRANT PROGRAM APPLICATION

## COVID-19 RECOVERY AND RESILIENCY PROJECTS

MAY 2021

The Cape Cod Commission (Commission), on behalf of Barnstable County and the Barnstable County Economic Development Council (BCEDC), is seeking proposals from local or regional governmental or nonprofit agencies for projects that support recovery efforts from the COVID-19 pandemic and resiliency to such impacts in the future.

Approximately \$150,000 has been allocated for grants up to \$25,000 in FY22. Funds will be provided on a reimbursement basis. Match funds are not required but are considered during application scoring. The full request for proposals, including evaluation criteria, is available at this link:

<https://capecodcommission.org/our-work/license-plate-grant/>

### Submission Requirements

All applications are to be submitted as a pdf by e-mail to [bcedc@barnstablecounty.org](mailto:bcedc@barnstablecounty.org). Applicants are required to fill out each section of the application (contact information, project information, scope of work, budget, and staffing plan) on the following pages and attach letters of support from project partners completing any work on the grant.

Applications are due no later than **July 15, 2021** (extended from July 9). Selected applicants will be notified in **August 2021**.



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## CONTACT INFORMATION

Organization Name:

Location:

Project Manager:

Name

Title

Email

Project Partners:

*For each project partner, please provide a short description of their role in implementing the project. If you need more space, please attach an additional sheet.*

## PROJECT INFORMATION

Name of Project:

Brief Project Description (100 words):

How does the project align with the 2019 Regional CEDS Goals and/or CEDS Action Plan:

How does this project help diversify the regional economy, advance economic resiliency, and achieve long-term economic sustainability in the region?

What specific pandemic-induced economic development needs/priorities will this project address?

What is the anticipated impact of this project on these economic development needs/priorities? How will this project support Cape Cod's response and resilience to the economic effects of COVID-19?

Are there any anticipated challenges to implementing the project within 12 months of the award date? If the grant is awarded in August 2021, would the project be ready to be implemented?

## SCOPE OF WORK & PROJECT TIMELINE

*Please fill in the task name, a brief description, and the deliverable/final product. If you have more than 5 tasks, please attach an additional sheet, not to exceed one page.*

### **Task 1:**

Description:

Deliverable:

Estimated Completion Date:

### **Task 2:**

Description:

Deliverable:

Estimated Completion Date:

### **Task 3:**

Description:

Deliverable:

Estimated Completion Date:

**Task 4:**

Description:

Deliverable:

Estimated Completion Date:

**Task 5:**

Description:

Deliverable:

Estimated Completion Date:

## STAFFING PLAN

For each individual participating in this project, please share their name, title, associated hourly rate, and number of hours. If you need additional space, please attach an additional sheet, not to exceed one page.

Staff Name and Title	Hourly Rate	Number of Hours	Total Project Cost	Amount Requested	Match Amount
<i>Example: Jane Doe</i>	\$25.00	15	\$375.00	\$281.25	\$93.75
Total Personnel					
Fringe (enter fringe rate as percent):	%				
<b>TOTAL:</b>					

Please list the tasks that each staff member/volunteer will participate in on the following page.

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Staff Name and Title	Tasks/Responsibilities

## BUDGET

Please fill in all budget categories relevant for your proposed project, including a brief description of the funds requested. The total amount requested should equal the total amount noted in the scope of work (see last section). All project expenses are provided on a reimbursement basis.

Category	Amount Requested	Match Amount (optional)	Total Project Cost	Budget Narrative
Personnel/Labor <i>(from Staffing Plan)</i>				
Fringe Benefits <i>(from Staffing Plan)</i>				
Travel				
Equipment				
Supplies				
Contractual/Consulting				
Other				
Total Direct Cost				
Indirect Costs*				
<b>Total</b>				

\*Maximum of 10% of project direct cost unless the project applicant has a Negotiated Indirect Cost Rate Agreement.