**State of Maine**

**Governor’s Office of Policy Innovation and the Future**

**APPLICATION COVER PAGE**

**RFA# 202111181**

**Community Resilience Partnership**

**Service Provider Grant**

Applications are to be submitted as a single, typed, PDF or WORD file and must include a valid certificate of insurance on a standard Acord form (or the equivalent) evidencing the Applicant’s general liability, professional liability and any other relevant liability insurance policies.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Applicant’s Organization Name:** | |  | | |
| **Chief Executive - Name/Title:** | |  | | |
| **Tel:** |  | | **E-mail:** |  |
| **Headquarters Street Address:** | |  | | |
| **Headquarters City/State/Zip:** | |  | | |
| ***(Provide information requested below if different from above)*** | | | | |
| **Lead Point of Contact for Application - Name/Title:** | | |  | |
| **Tel:** |  | | **E-mail:** |  |
| **Headquarters Street Address:** | |  | | |
| **Headquarters City/State/Zip:** | |  | | |

* This Application and the pricing structure contained herein will remain firm for a period of one hundred eighty (180) days from the date and time of the bid opening.
* No personnel currently employed by the Department or any other State agency participated, either directly or indirectly, in any activities relating to the preparation of the Applicant’s Application.
* No attempt has been made, or will be made, by the Applicant to induce any other person or firm to submit or not to submit an Application.
* The above-named organization is the legal entity entering into the resulting contract with the Department should they be awarded the contract.
* The undersigned is authorized to enter contractual obligations on behalf of the above-named organization.

*To the best of my knowledge, all information provided in the enclosed application, both programmatic and financial, is complete and accurate at the time of submission.*

|  |  |
| --- | --- |
| **Name (Print):** | **Title:** |
| **Authorized Signature:** | **Date:** |

**State of Maine**

**Department of Governor’s Office of Policy Innovation and the Future**

**DEBARMENT, PERFORMANCE, and NON-COLLUSION CERTIFICATION**

**RFA# 202111181**

**Community Resilience Partnership**

**Service Provider Grant**

*By signing this document, I certify to the best of my knowledge and belief that the aforementioned organization, its principals and any subcontractors and/or consultants named in this application:*

1. *Are not presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily excluded from bidding or working on contracts issued by any governmental agency.*
2. *Have not within three (3) years of submitting the application for this contract been convicted of or had a civil judgment rendered against them for:*
   1. *Fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state or local government transaction or contract.*
   2. *Violating Federal or State antitrust statutes or committing embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;*
   3. *Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or Local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and*
   4. *Have not within a three (3) year period preceding this application had one (1) or more federal, state or local government transactions terminated for cause or default*.
3. *Have not entered into a prior understanding, contract, or connection with any corporation, firm, or person submitting a response for the same materials, supplies, equipment, or services and this application is in all respects fair and without collusion or fraud. The above-mentioned entities understand and agree that collusive bidding is a violation of state and federal law and can result in fines, prison sentences, and civil damage awards.*

**Failure to provide this certification will result in the disqualification of the Applicant’s Application.**

|  |  |
| --- | --- |
| Name (Print): | Title: |
| Authorized Signature: | Date: |

**Community Resilience Partnership**

**Service Provider Grant**

**Application**

**Criteria 1: General Information/Service Provider and Group Eligibility**

|  |  |
| --- | --- |
| **Applicant’s Organization Name:** |  |
| **Applicant’s Organization is a:** | Regional Planning Organization  Council of Government  Regional Economic Development Organization  County Government  Non-profit  Academic Institution  Cooperative Extension  For-profit enterprise  Municipality  ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **In partnership with:**  *Letters of Support for each Group community must be provided with Application.* | **List two (2) to five (5) Group communities and any other partners** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**Criteria 2: Capacity, Expertise, and Previous Experience**

|  |
| --- |
| Describe how your organization will provide required capacity and expertise. Describe recent relevant experience. |
|  |

**Criteria 3: Scope of Work**

|  |
| --- |
| Desired outcomes from the regional capacity building grants are new community enrollments in the Community Resilience Partnership and a list of priority community and Group-wide climate and energy projects, as well as assistance seeking funding for those priority projects.  Describe how your organization will achieve these outcomes. |
|  |

**Criteria 4: Budget Proposal**

|  |
| --- |
| Please provide a detailed explanation of your proposed expenses.   * Up to $10,000 per community in the Group; up to an additional $2,500 for each community with [elevated social vulnerability](https://www.maine.gov/future/sites/maine.gov.future/files/inline-files/SVI%20Communities%20Map%20and%20List_2021-12-01_1.pdf) or community with a population of less than 4,000 people. |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Budget Worksheet** | | | |
| A 15% cost share is required of the Applicant. In-kind match is permitted. | | | |
| **Project Task** | **Funds Requested** | **Other Funds** | **Total Project Budget** |
| Task 1 |  |  |  |
| Task 2 |  |  |  |
| Task 3 |  |  |  |
| Task 4 |  |  |  |
| *(insert lines for additional tasks, as necessary)* |  |  |  |
| **Total** |  |  |  |