**Private School Application for COVID-19 Grant**

(Applications will not be accepted after April 1st, 2021)

**Introduction:**

Mental Health/Disability Services of the East Central Region (hereinafter, ECR) announces the availability of grants through the CARES Act funds for private schools in the following counties in Iowa: Benton, Bremer, Buchanan, Delaware, Dubuque, Iowa, Johnson, Jones and Linn.

1. **Application Process:**

Applications can be submitted immediately and will be accepted until **April 1st, 2021**. Applications must be submitted to:

Chelle Klootwyk, Administrative Assistant to the CEO

MH/DS of the ECR

[michelle.klootwyk@dubuquecounty.us](mailto:michelle.klootwyk@dubuquecounty.us)

210 Jones Street, Suite 204

Dubuque, Iowa 52001

1. **Service Description:**

These grants are being made available specifically for expenditures that support students’ social emotional wellbeing and/or brain health support related to the Covid-19 pandemic. Applicants may submit one proposal only for one of 2 categories: 1) communities or alliances that have elementary and/or middle schools that feed to a high school (e.g. Holy Family Catholic Schools or the Cedar Rapids schools that feed to Xavier High School) and 2) schools who operate independently in a community. Amounts that these categories may request follows:

* + - * Independent Schools with Enrollment < 1,000 = up to $5,000
* Systems of Alliances with Enrollment 1,000 – 5,000 = up to $50,000

In communities in which there is a system, schools must collaborate to submit one application unless only 1 school from that entire system will be submitting a project. In which case, the school will be considered an independent school with enrollment <1,000.

Funds may be used to implement projects in more than one school building within your private system/community. All projects must address student needs. Projects that propose brain health support or mental wellbeing of staff will not be considered. ECR has made other CARES funds available for staff mental wellbeing. Projects requesting PPE will not be considered. Technology funding will only be funded if there is a direct relation to the proposed SEL and/or brain health support project, and the connection must be clearly documented. Examples of possible projects include but are not limited to: SEL curriculum purchase and implementation activities for students, 1:1 counseling or groups to support student brain health, screening for brain health needs, education, and outreach.

1. **Planned Activities:**

The applicant must describe how the pandemic has had an effect on students within their private system/community and how the expenditures shall provide for students’ social emotional wellbeing and/or brain health support related to Covid-19.

1. **Budget and Budget Narrative:**

A detailed budget must be provided at time of application and include line item costs for each of the allowable costs noted, the rate of match, if any (although not required), date the expenditure/activity will be completed, and justification and rationale for the funds requested.

1. **Contract Period:**

The contract shall start upon approval of the signed MOU and end **June 30, 2021**, based upon outcomes and availability of funds. The private school(s) shall refund to ECR **BY June 11, 2021** any dollars not anticipated to be expended by **June 30, 2021**.

**Application:**

**Private School(s) Name and Address:**

**Covid-19 Relief Fund Amount Requested:**

(Reminder: must attach an Excel spreadsheet with budget detail)

**Eligibility Criteria:**

* 1. Private school(s) located within the East Central Region (please indicate county below)

Benton Bremer Buchanan

Delaware Dubuque Iowa

Johnson Jones Linn

* 1. Funds issued with this grant must be spent to support students’ social emotional wellbeing and/or Brain Health support related to Covid-19.
  2. Must Include detailed budget at time of application including line item costs for each allowable item/activity that is expected to be filled or completed, and an explanation of the item/activity.
  3. MOU issued upon approval must be signed and returned to Chelle at [michelle.klootwyk@dubuquecounty.us](mailto:michelle.klootwyk@dubuquecounty.us) prior to the request for funds.

**Explanation of Current Reality:** (Describe the current state of students in your school(s) experiencing effects of Covid-19, either as a direct result of the pandemic or as a second-order effect.)

**Justification of Covid-19 related expense of the Statement of Need as described above:** (Describe WHY the services, equipment or other expenditures identified above are needed, for whom they will be used, and how they will address students’ social emotional wellbeing and/or Brain Health specific services related to Covid-19.)

1. **Monitoring, Review and Payment BY *signing this request*:**
2. Once the signed MOU has been returned to Chelle at [michelle.klootwyk@dubuquecounty.us](mailto:michelle.klootwyk@dubuquecounty.us) the recipient agrees to send an invoice requesting 50% of awarded funds to:

MH/DS of ECR Claims

By mail to: 210 5th Ave. NE, Independence, IA 50644

By email to: [claims@ecriowa.us](mailto:claims@ecriowa.us)

1. The Recipient agrees to submit a final invoice for the remaining 50% and all receipts for funds spent to [claims@ecriowa.us](mailto:claims@ecriowa.us) no later than **June 11th, 2021. All funds not requested by this date will be forfeited by the requesting entity.** If any funds were not expended by the date of the invoice, but will be spent by **June 30, 2021**, a note indicating this amount should be included on the final invoice.
2. The Recipient agrees to make every effort to expend funds received under this grant by **June 30, 2021.**
3. The Recipient agrees to return by **June 11th, 2021** any dollars not anticipated to be expended by **June 30, 2021** to MH/DS of the ECR by mail to: 855 S. Dubuque St., Ste 202B, Iowa city, IA 52240.
4. The Recipient shall keep detailed records and receipts for five years that demonstrate use of the funds.
5. The Recipient shall provide detailed records and receipts, if requested, to MH/DS of the ECR by the end of the next business day or sooner, if necessary, due to a state or federal audit.
6. The Recipient agrees to participate in on-site regional reviews, if any, as well as participate in a federal audit of the Office of Inspector General should one be conducted.
7. The Recipient agrees to return any authorized Covid-19 Relief funds should it be determined through the course of an audit that it was found to be an unauthorized use of such funds.
8. The Recipient agrees that any items purchased under this grant shall be done as efficiently and effectively as possible and every reasonable effort shall be made to ensure the commitment of public funds obtains the most value for the money spent.
9. The Recipient certifies that this funding is not duplicating other funding received for Covid-19 relief or CARES Act funds or used for items/activities budgeted or executed prior to **March 1, 2020**.
10. All approvals will be made by **April 15th, 2021**. ECR reserves the right to decline any and all applications and choose to not award any or all grants.

Primary Contact Name:

*(Person completing application)*

Primary Contact Email:       Phone:

Authorized Contact Name:

*(Person Signing MOU if approved, or secondary contact, if the same as primary contact))*

Authorized Contact Email:       Phone:

Application Date:

IF APPROVED: Date:

By: Mae Hingtgen, CEO, Mental Health/Disability Services of the East Central Region