**FALL 2020**

**MACC PEG/PCN GRANT fUND**

**Application mATERIALS**

**Applications for FALL 2020 PCN Grants must be received by MACC no later than
4:00 p.m., Friday, November 6, 2020. Each properly completed application will be date and time stamped when received. Postmarks will not be accepted as receipt of application. MACC is not responsible for any delays in delivery of applications. Applications received after the deadline will NOT be eligible for the current grant cycle.**

Please review carefully the information and materials contained in this packet. Applicants should also review the updated (August, 2018) MACC PEG/PCN Guidelines <http://maccor.org/wp-content/uploads/2019/04/GRANT_GUIDELINES_2018.pdf> to determine the eligibility of grant requests. Please contact the MACC Administrator if you have any questions.

Instructions

1. Type or clearly print each grant application.
2. Complete one Agency Information and Applicant Agreement form which will serve as the cover sheet for your grant application(s).
3. Agencies submitting more than one grant application must prioritize their requests using the enclosed Grant Requests and Prioritization Form.
4. Submit a separate PEG/PCN Grant Application (page 4) for each proposal listed on Grant Requests and Prioritization page.
5. All applicants must email their application to grants@maccor.org.
6. All applications must be received by the deadline. The MACC Commission is not responsible for any delays in delivery or receipt of the application materials to MACC. No exceptions will be made for late or mis-delivered applications.

For assistance or questions contact:

Thaddeus Girard

Phone: 503-645-7365

Fax: 503-645-0999

Email: tgirard@maccor.org

Information about the PEG/PCN Grant Fund is also available on MACC’s Web site:
<http://maccor.org/pcn/#PEG-PCN_Grant_Fund>

Agency Information and Applicant Agreement

|  |  |
| --- | --- |
| **Applicant’s Organization** |  |
| **Name & Title of Person Completing Application**  |  |
| **Contact person, phone, and email for questions about grant (if different from above)** |  |
| **Address (city, zip code)** |  |
| **Phone number(s)** |  |
| **Fax number** |  |
| **E-mail address** |  |

**Applicant Authorization.** As the duly authorized representative of the applicant, please**:

1. Initial** each item below to confirm that you have read and completely understand them.
**2.** **Sign and date the application as indicated**. **Applicant’s failure to follow these
 instructions will automatically make this application ineligible.**

1. \_\_\_\_\_No key individuals associated with the applicant have been convicted of, or are presently facing criminal charges such as fraud, theft, perjury, or other matters that significantly reflect the applicant’s management, honesty, or financial integrity.
2. \_\_\_\_\_The applicant has the institutional, managerial, and financial capability to ensure proper planning, management, and completion of the proposal described in this application.
3. \_\_\_\_\_The organization I represent is eligible under Section III of the Grant Guidelines.
4. \_\_\_\_\_I have completed all sections of the applications to the best of my knowledge and understand that any incomplete portion of the application will automatically make this application ineligible.
5. \_\_\_\_\_The organization agrees to comply with all applicable state, federal, and local laws, rules, regulations, codes, and ordinances, as well as with the PEG/PCN Guidelines.
6. \_\_\_\_\_I am legally authorized to bind the organization to terms and conditions of the PEG/PCN Grant Fund.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grant Requests and Prioritization**

List all applications submitted from your agency, by Title of Proposal, amount of request, and in order of priority. This will identify which proposal is most important to your organization. However, the Commission is not bound to award grants based on the priorities you identify.

* *Grant funding may not be available to fund all grant requests. Please assist the Commission and prioritize your requests.*

|  |  |  |
| --- | --- | --- |
| **Priority** | **Title of Proposal**  | **Total Amount Requested** |
| 1st |  | $ |
| 2nd |  | $ |
| 3rd |  | $ |
| 4th |  | $ |
| 5th |  | $ |

(Use additional pages if necessary.)

 **APPLICATION**

**(Please complete a separate application form for each grant proposal)**

**Title of Proposal\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **General information:**

 **1.** Are you applying to use the PCN for the first time? **Yes □ No □**

###### 2. Amount requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### 3. Is request for more than one grant cycle? Yes □ No □

If “Yes”, include a separate detailed and itemized description of proposed funding for each grant cycle below. Applicants must provide specific plans for expenditures for each fiscal year of the grant.

###### 4. Is application “retroactive” (replacement of essential equipment purchased since the last grant distribution)? (See §VII D of the Guidelines.) Yes □ No □

###### 5. Is application related to any other proposal that has previously been awarded a MACC PEG/PCN Grant? Yes □ No □

######  Please provide an explanation, including the date of the grant award(s).

###### 6. Have you applied or are you applying for other grants to fund this proposal (i.e. federal, state, non-profit, homeland security) Yes □ No □

Please explain:

**7. Will your agency contribute funds for this proposal?** Yes □ No □

If yes, please identify these funds, their source, and the amount (include additional pages if necessary).

###### 8. If this grant request is only partially funded, will the proposal still go forward?Please explain (include additional pages if necessary): Yes □ No □

1. GRANT PROPOSAL:

Please make your answers as specific and concise as possible.

1. Not to exceed 3 pages (8 ½” x 11”) in length:
2. Title of proposal
3. Describe your PEG/PCN Grant proposal including purpose/objectives, identification of the problem/issue, and the proposed solution.
4. Describe how you plan to evaluate whether your project is successful.
5. Describe your agency and how it serves the general public or community.
6. Describe how the project will use the Comcast cable system bandwidth, PEG Access channels, or PCN technology as defined in the Grant Guidelines. For potential new PCN Users, describe how your agency intends to use the PCN.

f. Describe how your proposal meets any or all of the evaluation criteria as described in the Grant Guidelines. Please note: An application that fails to meet all criteria will not necessarily be disqualified.

Attach an itemization of all associated costs (i.e. hardware equipment, software, labor charges, system configurations, training, etc.) using the format in the “Grant Fund Itemization Report” (GFIR) below:

Using the GFIR, itemize the following:

* Any single item estimated to cost $1,000 or more.
* Any professional services directly related to enabling the asset(s) for use (e.g. installation, etc.).
* Any professional services indirectly related to enabling the asset(s) (e.g. insurance, design/development/engineering, etc.).
* Items estimated to cost less than $1,000 may be combined, but the description must clearly indicate what part of the proposal they represent.
* List quantities whenever ordering more than one of any item
1. The GFIR spreadsheet must account for 100% of the estimated grant expenses.
2. The GFIR must be presented in paper form along with the other application materials; in addition, one (1) electronic copy of the spreadsheet must be provided via email, CD, or flash drive.
3. In order to assist the Commission in making partial grants, applicants may wish to prioritize the individual components of their proposal.

*SAMPLE*

Grant Fund Itemization Report (GFIR)

|  |  |  |
| --- | --- | --- |
|  |  |  |
| IMPORTANT: All applicants are required to comply with their agency’s procurement and contracting policy. Estimated costs are to be based on competitive price quotes from an appropriate pool of qualified vendors. To use MSRP or claim “sole source,” the applicant must attest, in writing, to having made reasonable efforts to obtain comparative prices, or the reason why this vendor is the sole source for the product.  |
|  |  |  |  |
|  | **Grant Applicant** | Grant Amount: | $ |
|  |  | Grant Cycle: | Spring 2020 |
|  |  |  |  |
| Ref |  | Costs |   |
| # | **Item Description** | Estimate | Vendor |
| 1 | 2--Cisco WS-C3750G (example) |  $9,795  | Cisco |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
| 12 |  |  |  |
| 13 |  |  |  |
| 14 |  |  |  |
| 15 |  |  |  |
| 16 |  |  |  |
| 17 |  |  |  |
| 18 |  |  |  |
| 19 |  |  |  |
| 20 |  |  |  |
| 21 |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Bid Response Sheet**

(List **ALL** vendors contacted for bids/pricing and portion(s) of project(s)

vendor was being considered for. Use multiple sheets if necessary)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Vendor | Contact Person |  Item & Why/Why Not Selected  |
| 1 | (example) CDW | Bob Smith425-555-1212 | Pricing has been as good or better than OETC, and they are able to provide equipment that is not available through OETC |
|  |  |  |  |
| 2 |  |  |  |
|  |  |  |  |
| 3 |  |  |  |
|  |  |  |  |
| 4 |  |  |  |
|  |  |  |  |
| 5 |  |  |  |
|  |  |  |  |
| 6 |  |  |  |
|  |  |  |  |
| 7 |  |  |  |
|  |  |  |  |
| 8 |  |  |  |
|  |  |  |  |
| 9 |  |  |  |
|  |  |  |  |
| 10 |  |  |  |
|  |  |  |  |

I affirm that a reasonable effort was made to obtain comparative prices from an appropriate pool of qualified vendors.

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature