- 1. What if I already applied for ARPA funding through the City of Durham's process? Applications for ARPA funding that were submitted through the City of Durham's process were shared with County Commissioners. However, the County's process is separate from the City's process and applicants will need to reapply through the County's RFP process to be eligible for ARPA funding from the County.
- 2. What if my proposal does not align with one of the Durham County's RFP categories?

 Durham County is taking a targeted approach to ARPA spending. The first phase of RFPs is limited to the following categories:
 - Capacity Building and Technical Assistance for Child Care
 - Expanding Access to Affordable Child Care
 - o Improving Child and Family Social Emotional and Mental Health Ages 0-12
 - Improving Youth and Family Social Emotional and Mental Health Ages 13-24
 - Youth Enrichment Activities
 - Maternal Health Support
 - Crime Intervention

Future RFPs will focus on Affordable Housing and Homelessness, Behavioral Health and Health Equity, Workforce and Economic Development, Food Security, and other priority areas. For more information about Durham's RFP process, <u>please visit our website</u>.

3. Do applicants need to have 501(c)3 status to be eligible for funding?

Registered nonprofits with 501(c)3 status and government entities are eligible to apply for ARPA funding.

4. Do I need a fiscal agent/sponsorship?

To be eligible for funding, nonprofit organizations must have been registered for at least 2 years, meet the revenue thresholds within the RFP, and supply financial statements. If you do not meet these requirements, you may partner with a fiscal agent. Fiscal sponsors must agree to support the organization applying with administration, compliance, and reporting.

5. Are organizations required to undergo a risk assessment?

If applicants are selected as finalists, they will be asked to complete the County's risk assessment in compliance with US Treasury guidelines. A draft copy of the Risk Assessment form that will be completed by Durham County staff is attached. County staff will coordinate with grant applicant finalist to complete the form.

6. Do organizations have to supply an audit?

Audits are preferred, but not required. Part of the risk assessment will ask organizations to supply an audit completed by a financial auditor if funded with ARPA dollars.



7. How will funds be disbursed to nonprofits?

Funding terms and conditions will be negotiated with each individual recipient of ARPA funding. In an effort to avoid cash flow issues, organizations may receive forward funding and/or submit receipts for reimbursement.

- 8. What is the deadline for recipients to spend all funding? All funds must be expended by December 2024.
- 9. Will applicants receive technical assistance and/or administrative support? If an organization is selected to receive funding, Durham County has limited capacity to support compliance and reporting but does not have the capacity to support general administration. If applicants need assistance with administration, they are encouraged to partner with a fiscal sponsor.
- 10. How frequently will organizations be asked to report on key indicators?

 Recipients of ARPA funding will be required to submit at least quarterly reports in accordance with the terms and conditions outlined by the contract that will be negotiated with the County. The County will use a web-based platform for recipients to submit data and report on key indicators. Orientation and training will be provided to recipient of ARPA funding.
- **11.** When will Durham County decide which proposals will receive funding? Staff tentatively plans to make recommendations to the BOCC by October 2022.

Completed by Durham County Staff

Subrecipient Information:

| Subrecipient Name | |
|--|---|
| Subrecipient Unique Entity Identifier: | |
| Brief Description of Subaward Project and Role | [INSERT A BRIEF DESCRIPTION OF SUBAWARD PROJECT AND |
| of Subrecipient: | ROLE OF SUBRECIPIENT] |
| | |
| | |
| | |
| | |
| | |
| | |
| Name and Title of Subrecipient Personnel | [INSERT NAME AND TITLE OF SUBRECIPIENT PERSONNEL |
| Providing Information for this Risk Assessment | PROVIDIN INFO. FOR THIS RISK ASSESSMENT] |

| Choose an item. | Is the entity prohibited from receiving Federal funds due to suspension or debarment per | |
|-----------------|--|--|
| | the Excluded Parties List located in the System for Award Management (SAM)? | |
| | | |
| | (https://sam.gov/content/home) | |
| Choose an item. | Is the entity in good standing with Durham County Government. Discuss with appropriate | |
| | staff. | |
| Choose an item. | Has Data Collection Form on Federal Audit Clearinghouse (FAC) been reviewed? | |
| | (https://facweb.census.gov/uploadpdf.aspx) | |
| If yes, | List Findings: | |
| | | |
| | | |

| | Risk Category | Rating Label Comments |
|------|---|-----------------------|
| Gene | eral Assessments | |
| 1. | Is the proposed subrecipient entity's (hereinafter "entity") facility, equipment, supplies, and staffing adequate for the needs of the award? | Choose an item. |
| 2. | Has the entity adopted and implemented all required Uniform Guidance policies and procedures? | Choose an item. |
| 3. | Has the entity adopted and implemented records retention, conflict of interest, and nondiscrimination policies, consistent with the ARP/CSLFRF award terms? | Choose an item. |
| 4. | Is the entity properly licensed or certified by a recognized source (i.e., the Internal Revenue Service non-profit determination letter, bonded and insured if performing construction-related activities, etc.)? | Choose an item. |
| 5. | Does the entity have a Code of Ethics policy which is provided to all associated employees? | Choose an item. |
| 6. | Has the entity's management demonstrated a commitment to compliance with the subaward terms and all applicable laws and regulations? | Choose an item. |

Durham County Government – Subrecipient Risk Assessment for ARPA Funds

Completed by Durham County Staff

| Finan | cial Management, Systems, & Personnel | | |
|-------|--|-----------|---|
| 7. | Does the entity have a financial | Choose an | |
| | management system that provides records | item. | |
| | that can identify the sources and application | | |
| | of funds for subaward funded activities? | | |
| 8. | Does the entity's financial management | Choose an | |
| _ | system provide for the control and | item. | |
| | accountability of project funds, property, | | |
| | and other assets? | | |
| 9. | What is the current staffing level of the | Choose an | |
| | entity? | item. | |
| 10. | Has there been any change in the entity's | Choose an | |
| | key staffing positions in the last 2 years? | item. | |
| 11. | What is the entity's staff's experience in | Choose an | |
| | performing stated activities in the proposed | item. | |
| | subaward? | | |
| 12. | Does the entity have a formal, written | Choose an | |
| | personnel policy that addresses: | item. | |
| | (a) Pay rates & benefits | | |
| | (b) Time & attendance | | |
| | (c) Leave | | |
| | (d) Discrimination | | |
| | (e) Nepotism | | |
| | (f) Conflict of Interest? | | |
| 13. | Does the entity have sufficient internal | Choose an | |
| | controls related to the subaward funds? | item. | |
| 14. | Does the entity have sufficient cash flow to | Choose an | |
| | carry out the subaward terms? | item. | |
| | rience with Other Federal Grants | Cl | Marian mandanata (N. P. et al.) |
| 15. | Has the entity previously done work for the | Choose an | If low or moderate (yes), list the last |
| | federal government? | item. | three agencies and award periods. |
| | (a) If low or moderate (yes), what is the | Choose an | |
| | entity's past performance on meeting | item. | |
| | federal program outcomes and managing federal funds in compliance with federal | | |
| | regulations? | | |
| 16 | Is the entity experienced in managing federal | Choose an | |
| 10. | funds of the scope of this proposed | item. | |
| | subaward? | iceiii. | |
| 17 | Identify any monitoring interventions the | Choose an | |
| 1/. | entity is currently subject to related to other | item. | |
| | federal grant awards. | | |
| 18 | Does the entity maintain an inventory of | Choose an | |
| 10. | federal government property that, at a | item. | |
| | minimum, identifies purchase date, cost, | | |
| | vendor, description, serial number, location, | | |
| | and ultimate disposition data? | | |
| | and an annual disposition dutur | 1 | |

Durham County Government – Subrecipient Risk Assessment for ARPA Funds

Completed by Durham County Staff

| Audits | | |
|---|----------------|---|
| 19. Does the entity have a designated federal | Choose an | If low (yes), provide name of audit |
| cognizant audit agency? | item. | agency. |
| 20. Has the entity completed a Single Audit in | Choose an | If low or moderate (yes), provide a |
| the past five years? | item. | copy of the most recent audit and do |
| | | not complete the rest of the Audit |
| | | Section. |
| (a) If high (no) to 20., does the entity have | Choose an | If yes, please provide a copy of the |
| annual financial statements that have been | item. | statements for the most current fiscal |
| reviewed of audited by an independent audit | | year. If no, please explain. |
| firm? | | |
| Indirect Rate Information | | |
| 21. Does the entity have a negotiated federal | Choose an | If yes, what is the rate? |
| indirect/F&A rate? (Note: This question does | item. | If no, indicate that de minimis 10% |
| not impacted weight of risk assessment) | | indirect rate will apply |
| Overall Risk Assessment | | |
| 22. Based on the overall assessment, does the | Choose an | |
| reviewer anticipate any implementation | item. | |
| problems with the proposed subaward? | | |
| 23. What percentage of the entity's overall | Choose an | |
| annual budget will this subaward comprise? | item. | |
| | | |
| 24. Considering all factors above, assess overall | Choose an item | |
| level of risk | | |

| Document any additional findings, mitigating factors, and recommendations here. | | | |
|---|---------------------|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| Assessment Completed By: | Date of Assessment: | | |