



## MASSACHUSETTS CENSUS DIVISION COMPLETE COUNT GRANT PROGRAM

### APPLICATION TO REQUEST FUNDS

**Due Date:**

Postmarked or received on or before December 20, 2019.

**Mail applications to:**

Office of the Secretary of the Commonwealth  
Attn: Gregory Stewart  
One Ashburton Place, Room 1705  
Boston, MA 02108

**A complete application includes:**

1. Printed copy of this Application with original signatures in blue ink.
2. Printed copies of supporting documentation as requested within this Application.

**Grants Staff Contact:**

Gregory Stewart  
[Gregory.Stewart@sec.state.ma.us](mailto:Gregory.Stewart@sec.state.ma.us)  
(617) 727-2828

**Grant Program Purpose:**

The Complete Count Grant Program is a competitive, statewide program which awards grant funding to eligible entities for the purpose of ensuring a complete and accurate count in the 2020 Census by supporting outreach efforts in communities that are at significant risk of being undercounted.

The program is intended to emphasize outreach and education among historically underserved and hard-to-count populations, including, but not limited to, the following:

- Recent immigrants, including undocumented residents;
- Populations speaking limited to no English;
- Residents in “group quarters”;
- Children under the age of 5;
- Renters and those who move frequently;

- People with low incomes;
- Formerly incarcerated persons;
- Persons with disabilities.

**Eligibility:**

Non-profit Organizations

Non-profit organizations recognized by the IRS as a 501(c)(3) tax-exempt organization are eligible to apply for grant funding under this grant program.

To receive grant funding under this program, non-profit organizations must demonstrate a history of, or an ability and intent to establish direct access to hard-to-count populations through media, mailings, canvassing, phone banking, public forums, or other methods.

Non-profit grant recipients are not required to be based within the Commonwealth, but any and all grant funds must be utilized in operations within the Commonwealth.

Publicly Funded Organizations

Publicly funded organizations are eligible to receive grant funding if they provide direct service to hard-to-count populations. Publicly funded organizations include those which are funded in full, or in part, by taxpayer dollars.

Eligible organizations of this type may include, but are not limited to, public libraries, workforce centers, community-based health centers, and homeless shelters.

**Eligible Activities:**

Eligible entities may receive funding through this grant program for planned work in the following areas:

- Conducting outreach to hard-to-count populations through media, mailings, canvassing, phone banking, or public forums;
- Disseminating information at key service centers and access points in the community;
- Tailored outreach and support to homeless populations, households with limited English, immigrant communities, individuals with difficulty accessing the internet or otherwise completing the form, or any other hard-to-count populations specified or otherwise.

Applications proposing grant activities which do not include the above activities may also be eligible to receive grant funds and will be considered on a case-by-case basis.

## **Application Evaluation:**

Applications will be evaluated based on their fulfillment of the criteria provided in the Complete Count Grant Program's authorizing legislation. Applications will be considered holistically. Grant program funds will not be awarded based specifically on individual line items.

Grant funds will be awarded, to the extent practicable, to ensure the following:

- Proportionate funding based on the distribution of hard-to-count communities throughout the Commonwealth;
- Targeted investments in areas with no federal area census office.

Highest priority will be given in consideration to applications that:

- Demonstrate a track record of success in serving individuals in historically hard-to-count communities;
- Identify solutions that directly address barriers to a complete count in 2020.

The following factors will also be considered when selecting grant recipients:

- Appropriateness of proposed grant activities;
- Feasibility of proposed grant activities;
- Potential to successfully increase census response rate in targeted population(s) and/or geographic region(s);
- Originality of proposal within targeted population(s) and/or geographic region(s);
- Proportionality of grant fund amounts requested to proposed grant activities;
- Proportionality of grant fund amounts requested to estimated population to be reached;
- Applicant's demonstrated ability to reach targeted population(s) and/or geographic region(s).

Applicants may request grant funds in any amount, up to a maximum of \$250,000. Grant funds may be awarded in full, or in part, up to the amount requested. Grant funds will not be awarded in excess of the amount requested.

**Section I – Organization Information and Administration**

**A. Organization Information**

1. ORGANIZATION NAME: Organization name as registered with the IRS (if applicable).

Organization Name:

Common Name (if different):

Mailing Address:

City/Town:

State:

ZIP:

2. ORGANIZATION TYPE: Select one.

501(c)(3) Non-profit Organization

Publicly Funded Organization

3. OFFICE LOCATION(S): Provide the physical address of all offices or other operational locations within the Commonwealth.

4. FINANCIAL SPONSOR: Full legal name of organization’s financial sponsor (if applicable).

5. SUPPORTING DOCUMENTATION: Attach the following documents to this Application (if applicable).

- a. IRS Tax-exempt Determination Letter
- b. Organization’s most recent IRS Form 990
- c. Organization’s most recent signed IRS Form W-9
- d. Organization’s most recent financial statement with accountant opinion (if applicable)
- e. Certificate of Good Standing from the Secretary of the Commonwealth’s Corporations Division

**B. Organization Administration**

1. CHIEF EXECUTIVE: (President, Chair, or other Chief Executive or Administrator)

Name:

Title:

Phone:

Email:

2. PROJECT COORDINATOR: (Administrator or Officer who will oversee/manage grant funds)

Name:

Title:

Phone:

Email:

3. OTHER: (List other Administrators or Officers who will manage or expend grant funds.)

Name:

Title:

Phone:

Email:

Name:

Title:

Phone:

Email:

## **Section II – Target Demographic Information**

### **A. Target Region**

1. **REGION DESIGNATION:** Name the geographic area(s) in which grant activities will be conducted. Designate by Cities/Towns, Counties, or Statewide.

2. **ORGANIZATIONAL TIES:** Provide the organization's ties to the designated target areas.

### **B. Target Population**

1. **POPULATION DESIGNATION:** Name the hard-to-count population(s) with which you will work.

2. **ORGANIZATIONAL TIES:** Provide the organization's ties to the selected population(s).



### **Section III – Grant Request**

#### **A. Planned Grant Use**

1. **PROPOSED PLAN:** Please provide a proposed plan for outreach to your target population(s) and/or geographic region(s). Include information about planned outreach campaigns, education campaigns, and/or other eligible grant activities.
  
  
  
  
  
  
  
  
  
  
2. **BARRIERS AND OBSTACLES:** What obstacles do you foresee preventing a complete count of your target population(s) and/or geographic area(s)?
  
  
  
  
  
  
  
  
  
  
3. **PROPOSED SOLUTIONS:** Explain how your planned proposal addresses and/or overcomes these obstacles.



**B. Financial Information**

1. **AMOUNT REQUESTED:** Specify the amount of grant funds requested, up to the maximum of \$250,000.
  
2. **OPERATING BUDGET:** Provide the organization's total operating budget for the current fiscal year.
  
3. **ENDOWMENT:** Provide the organization's total current endowment (if applicable).
  
4. **ADDITIONAL AID:** Has the organization received other grant aid for proposed census activities? If yes, please provide the granting body and grant fund amounts.
  
5. **SUPPORTING DOCUMENTATION:** Attach the following documents to this Application (if applicable).
  - a. Itemized budget for use of requested grant funds
  - b. Proposed timeline for expenditure of requested grant funds

## Section IV – Assurance of Compliance

In consideration of and for the purpose of obtaining grant funds from the Complete Count Grant Program (hereinafter “grant program”), \_\_\_\_\_ (hereinafter “Applicant-Recipient”) hereby agrees that it will comply with the following:

1. **Equal Employment:** In compliance with the provisions of the Governor’s Code of Fair Practices, Executive Order 227, and Chapter 151B of the Massachusetts General Laws as amended, the applicant shall not discriminate in employment on the basis of race, color, religion, national origin, ancestry, sex, gender identity, age, criminal record (inquiries only), disability, mental illness, retaliation, sexual harassment, sexual orientation, active military status, or genetics.
2. **Audit/Access to Records:** In compliance with Executive Order 195, the Secretary of the Commonwealth, or his designee, the Governor, or his designee, the Secretary of Administration and Finance, the State Auditor or his designee shall have the right at reasonable times and upon reasonable notice to examine the books, records, and other compilations of data of (contractors) which pertain to the performance of the provisions and requirements of this contract.
3. **Financial Management:** Adequate financial management and record-keeping systems (meeting generally accepted accounting principles) will be maintained which provide efficient and effective accountability and control of all property, funds, and assets, including a comparison of actual outlays with budget estimates. Accounting records will be supported by source documentation. Documentation provided to the Secretary of the Commonwealth will adequately demonstrate project expenditures.
4. **Administration:** Matching funds will be administered in conformance with all applicable state and local laws, regulations, policies, requirements, and guidelines, including those related to civil rights, equal employment opportunity, and universal access.
5. **Conflict of Interest:** The applicant and contractors shall not knowingly employ, compensate, or arrange to compensate any employee of the Office of the Secretary of the Commonwealth during the term of this agreement, unless such arrangement is permitted under the provisions of M.G.L. c. 268A.
6. **Contracts:** Applicant-Recipient will enter into a standard written contract with any contractor(s) or separate entity from which goods or services are purchased using grant program funds. Such contract will set forth mutual obligation and the scope of work to be performed and a copy shall be provided to the Secretary of the Commonwealth upon written request.
7. **Project Period:** Applicant-Recipient will make a satisfactory effort to expend awarded and disbursed grant funds according to the proposed timeline submitted with this application. Applicant-Recipient will expend all awarded and disbursed funds no later than June 30, 2020.
8. **Final Report:** Applicant-Recipient will submit to the Secretary a final report within 30 days of completion of all grant funds-supported outreach activities, and no later than July 31, 2020. Such report must contain a financial analysis of the spending of the funds with a narrative relative to the success of the submitted plan. A template will be provided to Recipients.

9. State Filing Requirements [for nonprofit applicants only]: The applicant gives assurance to the Office of the Secretary of the Commonwealth that it is now and will remain current with all filing requirements of the Commonwealth of Massachusetts during the terms of this contract, including filing its Annual Report with the Secretary of the Commonwealth in compliance with Chapter 180, section 26A, and its form P.C. with the Attorney General's office in compliance with Chapters 12 and 68 (as amended).
  
10. Statement of No Financial Interest [for nonprofit applicants only]: In compliance with M.G.L. Chapters 7 and 14A, the applicant is a nonprofit organization and will submit a 501(c)(3) determination letter from the I.R.S. upon request.

Submitted:

I hereby certify that the information provided in this application is true and accurate.

\_\_\_\_\_  
Applicant-Recipient Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date