



American Rescue Plan (ARP) INFRASTRUCTURE APPLICATION

Application Release:	Monday, October 25, 2021
Application Overview Webinar:	Thursday, November 4, 2021 – 2 PM
Deadline for Questions:	Thursday, November 18, 2021 – 5 PM
Notice of Intent (Required) Due:	<u>Friday, November 12, 2021 - 5 PM</u>
Application Due:	<u>Friday, December 3, 2021 - 5 PM</u>

Horry County is now accepting applications for infrastructure projects to be funded through the American Rescue Plan (ARP). Horry County will receive \$68.8 Million in ARP funds, of which up to \$8.2 Million will be made available to agencies for eligible public service, housing, and infrastructure projects from the County’s first appropriation of ARP funding. ARP funds are authorized under the American Rescue Plan Act.

This ARP funding round will focus on infrastructure projects. Specifically, proposals for water and sewer improvement projects will be accepted for this solicitation. Infrastructure projects funded through this program should primarily benefit residents of unincorporated Horry County.

On Thursday, November 4 at 2 p.m., the County will host a virtual webinar to provide organizations considering submitting a proposal in response to this request for proposals an opportunity to ask questions. The session will be broadcast live on the Horry County Government Facebook Page, Government Access Channel (Spectrum/Time Warner channel 1301 or Horry Telephone Cooperative Channel 14), and on the County website at <http://horrycounty.org/video/all>. All questions must be submitted in writing to arpa@horrycounty.org. Responses to submitted questions will be provided in the form of an addendum that will be posted on the Horry County website. The last day to submit questions is **Thursday, November 18, 2021 at 5 PM**.

Required Notices of Intent, describing the project, number of project beneficiaries, tentative timeline, and preliminary budget, are due via email at arpa@horrycounty.org no later than Friday, November 12, 2021 at 5 PM to be eligible for funding consideration. Notices of intent that do not arrive by the deadline will not be considered.

Awards for a funded project, if selected, will be provided on a cost reimbursable basis for eligible activities undertaken after execution of a grant agreement with the subrecipient. Work that is contracted for prior to the execution of the agreement with the County or that has not been competitively procured cannot be paid with ARPA funds. All items purchased with ARPA funds must be competitively procured, whether by bid or quote, as specified in the grant agreement.

Applications can be downloaded at <https://www.horrycounty.org/Departments/CDBG>. Applications may also be obtained by emailing arpa@horrycounty.org. Complete infrastructure applications (PDF Format preferred) are due via email at arpa@horrycounty.org no later than Friday, December 3, 2021 at 5 PM.

Scoring Matrix: Applications will be evaluated based on the criteria below.

Impact of Project and Clientele Served	20 points
Organizational Capacity and Experience	20 points
Budget	20 points
Feasibility	10 points
Protection of Public Health	20 points
Project Evaluation	10 points
Total	100 points

A. APPLICANT INFORMATION

Applicant: _____

Address: _____

DUNS #: _____

Contact: _____ Title: _____

Phone #: _____ Fax #: _____

Email: _____

- Applicant Type:
- Local Government
 - Special Purpose District
 - Public Works Commission
 - Joint Municipal System
 - Applicant is submitting on behalf of a not for-profit water/sewer company or other eligible entity (provide name)
- Name: _____

Please list below the information for any partner organizations that will be involved in the implementation of this grant.

Firm/Organization Name: _____

Contact Person: _____ Title: _____

Phone #: _____ Fax #: _____

Email: _____

Firm/Organization Name: _____

Contact Person: _____ Title: _____

Phone #: _____ Fax #: _____

Email: _____

B. GENERAL INFORMATION

1. Project Name and Location:

Name: _____

Location: _____

2. Infrastructure project type (please select category and subcategory)

- Water
 - Energy conservation
 - Water conservation
 - Non-point source
 - Treatment
 - Transmission and distribution
 - Transmission and distribution: Lead remediation
 - Drinking water source
 - Drinking water storage
 - Other water infrastructure (Please specify, _____)
- Sewer
 - Centralized wastewater treatment
 - Centralized wastewater collection & conveyance
 - Decentralized wastewater
 - Combined sewer overflows
 - Other sewer infrastructure (Please specify, _____)

3. Has the applicant applied for Federal funds (FEMA, CDBG, etc.) for this specific project or project phase before?

- Yes No

a. If so, please list dates and amounts.

Date	Amount Requested

4. If this is a phased project, please list prior phases and funding amounts received.

Project Phase	Date	Funding	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Received:
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Received:
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Received:

5. Exhibit A – Project Implementation Schedule – A list of required exhibits is provided at the end of this document. For Exhibit A, please provide a detailed schedule for project implementation. All projects must have 50% of the construction completed by June 30th, 2023, assuming award notifications are issued in January 2022.

C. Organizational Capacity and Experience

C-1. Please describe your organization's history, mission, year established, and services provided.

C-2. Who will be the person responsible for the overall oversight of the proposed project? Please describe their experience with the project and length of service in their position. Additionally, please describe their experience managing grants.

C-3. Who will be the person(s) responsible for the day-to-day operations and management of the proposed project? Please provide no more than two individuals. Please describe their experience with the project and length of service in their position. Additionally, please describe their experience managing grants.

C-4. Please describe your organization's experience and major accomplishments in providing services to LMI residents and/or communities.

C-5. Please describe your organization's overall experience managing grants.

<p>C-6. <i>Has your organization carried out or attempted this project before, with or without grant funds? If yes, what were the results?</i></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Empty response area		

D. APPLICANT RISK ASSESSMENT

Note: All applicants must complete this risk assessment. Please answer all questions. Failure to complete this risk assessment will result in your program not being funded.

<p>MANAGEMENT SYSTEMS</p>		
<p>D-1. <i>Has your organization had any changes to key staff or positions in the past 12 months? If yes, explain.</i></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Empty response area for D-1		
<p>D-2. <i>Has your organization had any changes to business systems in the past 12 months? If yes, please explain.</i></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Empty response area for D-2		

D-3. Does your organization have policies and procedures for the following items?		
Procurement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Drug Free Workplace	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Conflicts of Interest	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Financial Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Property/Equipment Management and Disposition	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Retention of Records	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Civil Rights	<input type="checkbox"/> Yes	<input type="checkbox"/> No

AUDIT REPORTS AND MONITORING			
D-4. Did your organization expend \$750,000 or more in Federal grant funds in the previous fiscal year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
D-5. Has your organization had a Single Audit or other financial audit in the last 12 months? If so, please attach the full audit report, including corrective actions as applicable.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
D-6. Has your organization had any monitoring visits by a funding agency within the last 12 months? If yes, please complete the table below indicating the results of the monitoring activity.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Awarding Entity	Result (Finding(s) - Yes/No)	Corrective Action Plan Required?	Status (Open or Closed)

FINANCIAL STABILITY		
D-7. Does your organization have an accounting system in place to segregate expenditures by funding source?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

D-8. Does the accounting system produce a budget vs. expenditures report?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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D-9. Does your organization maintain central files for grants, loans, or other types of financial assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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D-10. Does your organization have a time and effort system that:		
a) records all time worked, including time not charged to awards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) records employee time specifically by cost objective/activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) is signed off by the employee and a supervisor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) complies with the established accounting policies and practices of the organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

D-11. Does your organization allocate expenses, either directly or indirectly by means of a cost allocation plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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D-12. Does your organization have a Negotiated Indirect Cost Rate? If yes, and if indirect costs will be applied to this grant, please attach a copy of your indirect cost rate agreement.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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PERFORMANCE HISTORY		
D-13. Is your organization currently debarred or suspended?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

D-14. Has your agency received other federal funds in any of the past four fiscal years? If yes, what was the project, timeframe, funding source, and funding amount?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<p>D-15. <i>Has your organization been defunded or had a reduction in a grant, loan, or other type of financial assistance in the past 12 months? If yes, please explain.</i></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<div style="border: 1px solid black; height: 176px;"></div>		

E. PROJECT BENEFICIARIES

Infrastructure projects MUST consist of water or sewer improvements. All projects MUST principally benefit low and moderate-income persons.

Service Area

Include a street map showing the location of the project and the area of primary benefit (service area).

Project Benefit

Total Customers/Taps (existing and new) to be served by the project:

Residential _____ Business _____

Benefits to Low and Moderate-Income (LMI) Persons

Benefits will be available to *all residents in a particular area* where a majority of the residents are low and moderate-income persons (LMI) (check the statement that applies - check only one):

The area is _____ Census Tract(s), _____ Block Group(s) that is _____ **Percent LMI (minimum 51%)**; OR

Benefits a low to moderate income service area, as evidenced through surveying

Note:

The requested LMI information can be found via the following link, through which applicants can search by address:

<https://hud.maps.arcgis.com/home/item.html?id=ffd0597e8af24f88b501b7e7f326bedd>

Urgent Need

- Project addresses a critical public health need. Please describe below.

COVID-19 impacts

Describe how the community to be served by this project has suffered disproportionate negative impacts due to the COVID-19 pandemic.

F. PROJECT COSTS

Provide the financial data requested below. Costs should be based on the best information available. More exact figures will be requested, if needed. When preparing this data, consider the following:

- A project should be completed in one phase if feasible;
- Cost estimates must be as detailed as possible; and
- It is likely that most projects will not begin construction until Spring 2022.

1. Total Project Costs: (Note: a + b must = c)

a. Amount of ARP Funds Requested:

- b. Amount of Non-ARP Funds (Match):
- c. Total Project Cost:

2. Breakdown of Non-ARP Funds (Match):

Fund Type	Fund Name	Amount

Exhibit B – Letters of Commitment - Letters of commitment for any matching funds contributed to the project should be included as Exhibit H.

Project Budget:

Exhibit C – Project budget - Provide a project budget including a detailed line-item construction estimate.

- a. *It is recommended that a copy of the preliminary plans and specifications be submitted with the Construction Cost Estimate.*
- b. *Construction Estimate (prepared within last 12 months):*
- c. *Source of Estimate: ex: Engineering Firm*
- d. *Date of Estimate:*

G. PROJECT NARRATIVE AND OBJECTIVES

Please include a narrative on separate pages as Exhibit D (not to exceed 5 pages, single spaced, exclusive of exhibits).

I. Definition of the Problem and Need:

- a. Explain the need for this project including summary of current condition, capacity, and deficiencies of existing systems. Provide detailed specific information on the urgency and severity of the need for this project such as health and safety problems, substandard conditions, public facility problems, lack of essential services, etc.
- b. Explain why the proposed project cannot be undertaken without ARP funds.

2. Project Description

a. Scope of Work – Include a description of the specific project activities that will be undertaken.

b. Service Area - Include the exact street location, the geographical boundaries, characteristics and nature of the neighborhood/community of the project.

c. Exhibit E – Location/Service Area Maps - Provide maps showing the location of the project and boundaries of the service area.

d. Exhibit F – Project Team - Provide a list of any and all partners whose participation in project implementation is required for successful project completion. Specify the role(s) of each partner in project implementation. Commitment letters and budgets (if required) for all partners and subrecipients participating in the project must be included as Exhibit F.

e. Feasibility – Identify how the project will solve the problem or improve conditions. If the project does not completely solve a systemic or area-wide problem, indicate plans and proposed funding for the remaining need and timeframe. Address the proposed project schedule and any anticipated or potential delays. Provide a plan for project sustainability, including the applicant’s ability to operate and maintain system improvements.

f. Evaluation – Provide a plan to measure the success of the project and service provided to local clientele.

H. ENGINEERING REQUIREMENTS

1. List all applicable federal, state, and local permits or approvals required for this project and list the current status of each permit or approval in the space provided.

Permit or Approval Required	Application Date	Status

2. *List all applicable federal, state, and local permits or approvals required for this project and list the current status of each permit or approval in the space provided.*

Permit or Approval Required	Application Date	Status

3. *If the need for permits or approvals has not been identified and/or if the application submission process for permits has not been started, please explain why not. If application for permits has not begun, provide a schedule for application.*

I. BUDGET

1. *Provide a Budget Summary to include:*
 - a. *Annual Budget*
 - b. *Capital Improvements Budget*
 - c. *Anticipated Operating Reserve*

2. *Exhibit G – Current Year Budget - All applicants must submit a current-year budget.*

3. *Exhibit H – Most Recent Audited Financial Statements - All applicants must submit a copy of their most recent audited financial statements*

J. APPLICANT CERTIFICATION

THE APPLICANT CERTIFIES THAT:

To the best of its knowledge and belief, the data and statements presented in this application are true and correct; the governing body of the applicant has duly authorized the document; and the applicant will comply with the certifications listed above if the application is approved.

Certifying Representative

Name: _____

Title: _____

Signature: _____

Date: _____

List of Exhibits

EXHIBIT A - PROJECT IMPLEMENTATION SCHEDULE

<u>Task/Activity</u>	<u>Completion Date</u>
1. Submit Preliminary Plans and Specs	
2. Publish Notice to Bidders	
3. Public Bid Opening	
4. Award Construction Contract	
5. Preconstruction Meeting	
6. Issue Notice to Proceed	
7. Start Construction	
8. Project Construction Must be 50% Completed	June 30, 2023
9. Project Construction Must Be 100% Completed	December 31, 2024
10. Complete "Punch List" Items	
11. Submit Final Change Order and Final Invoice	
12. Execute Certificate of Acceptance for Project	

EXHIBIT B – FUNDING COMMITMENT LETTERS

- Please provide any letters of funding commitments received.

EXHIBIT C - COST ESTIMATE

- Please provide a cost estimate prepared within the last 12 months.

EXHIBIT D – PROJECT NARRATIVE

- Please answer all questions in Section G.
- Please do not exceed 3 pages.

EXHIBIT E – LOCATION/SERVICE AREA MAPS

- Attach a map of the entire County showing the general project location.
- Attach a map showing the specific project location.
- Attach at least one map showing the boundaries of the service area. All street names and reference points must be clearly labeled. If the project will be constructed in several phases, both the overall service area and individual service area for each phase of the project must be described and identified.

EXHIBIT F – PROJECT TEAM INFORMATION, COMMITMENT LETTERS, AND BUDGETS

- Provide a list of any and all partners whose participating in project implementation
- Specify the role(s) of each partner in project implementation.
- Please provide commitment letters and budgets (if required) for all partners and subrecipients participating in the project .

EXHIBIT G - CURRENT YEAR BUDGET

- Please provide the current year budget for your organization.

EXHIBIT H - MOST RECENT AUDITED FINANCIAL STATEMENTS

- Please provide a copy of your organization’s most recent audited financial statements.

EXHIBIT I – ADDITIONAL SUPPORTING DOCUMENTATION

- Attach documents and current data including such items as surveys, reports, feasibility studies, letters, traffic/pedestrian counts, well/on-lot sewage disposal system test data, newspaper articles, petitions, preliminary site plans/drawings/technical specifications, zoning/tax maps, inter-municipal agreements, letters from residents, letters of support from organizations, and other descriptive information.
- Attach photographs that will help visually show the problem and need.
- Please provide all preconstruction documentation including water, sewer, DHEC, Army Corps of Engineers, local building code approval, planning, zoning, and permitting if necessary for the project.