City of Raleigh Human Services Agency Funding

FY26 Application Workshop

Required Application Attachments







#### Workshop Overview

- Required Application Attachments Checklist
- Submission Format
- Certificate of Insurance
- Additional Resources



### Required Application Attachments Checklist

- ✓ Board of Directors. Include: Name, Address, Race, Sex, Phone Number, Position(s), Term Expiration date.
- ✓ Most Recent Form 990
- ✓ Agency Audit Report
  - Must submit most recent audit if requesting \$25,000 or more
  - Audit must be completed by certified public accountant licensed in North Carolina
  - Include management letter OR letter signed by Executive Director or Board President attesting no management letter was issued.



### Required Application Attachments Checklist

- ✓ Articles of Incorporation
- ✓ Assumed Name or DBA Form
- ✓ IRS Tax Exempt Letter
- ✓ Statement of Non-discrimination
- ✓ Certificate of Insurance (meeting all City of Raleigh requirements).



#### **Submission Format**

- Submit to grants equity @ raleighnc.gov by January 24, 2025, 3:00pm
- Provide Agency name and "FY26 Human Services Application" in email subject line
- Submit all documents in PDF format
- Rename documents to include Agency name and document description (e.g. RaleighOrg\_990)



#### Certificate of Insurance: Insurance Coverage

- Commercial General Liability Combined single limit of no less than \$1,000,000 each occurrence and \$2,000,000 aggregate. Coverage shall not contain any endorsement(s) excluding nor limiting product/completed operations, contractual liability or cross liability.
- Commercial Automobile Liability Limits of no less than \$1,000,000 combined single limit. Ownership of motor vehicles by organization necessitates owned, non-owned and hired automobile coverage. If your organization does not own motor vehicles, you may satisfy this requirement by adding hired and non- owned auto liability coverage by way of endorsement to your commercial general liability policy or as a separate policy.



# Required Application Attachments Certificate of Insurance: Insurance Coverage

- Umbrella or Excess Liability Organizations may satisfy the minimum liability limits required under an umbrella or excess liability policy as long as the annual aggregate limits are not less than the highest "Each Occurrence" limit for required policies (Commercial General Liability and Commercial Automobile Liability).
- Workers' Compensation & Employers Liability All corporations employing three (3) or more people are required to obtain workers' compensation insurance with statutory limits and employers liability of no less than \$100,000 each accident. If your organization is not required to maintain workers' compensation insurance (because it has two (2) or fewer employees) and does not have such a policy, the City's workers' compensation indemnity agreement must be completed.



# Required Application Attachments Certificate of Insurance: Insurance Coverage

- Blanket Fidelity Bond- If the grant award is \$25,000 or more annually, a
  blanket (or position schedule) fidelity bond must be obtained for those
  positions having responsibility for the management of funds.
  - Bond(s) must be equal to or greater than one-half (1/2) of the total funding award during the fiscal year
  - Provide a copy of the Certificate of Insurance documenting the fidelity bond status
  - Reach out to Insurance Agent if you have additional questions



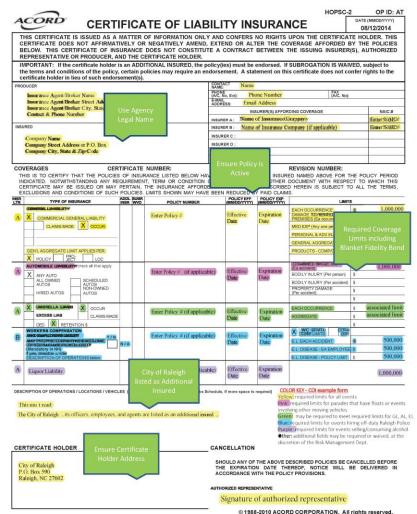
## Required Application Attachments Certificate of Insurance

- Insurance company must be authorized to do business in North Carolina
- Certificate of Insurance must be <u>active policy</u>
  - If the Certificate of Insurance expires prior to the end of the City's fiscal year (June 30), it should be renewed and submitted
- Certificate of Insurance must show:
  - 1. Organization's legal name exactly;
  - 2. the required insurance policies and their coverage limits;
  - 3. <u>that the City of Raleigh is endorsed as an additional insured</u> on the commercial general liability and the auto liability coverage with the following text "City of Raleigh is named additional insured as their interest may appear"; and
  - 4. that the certificate holder section reads as follows "City of Raleigh, Post Office Box 590, Raleigh, NC 27602-0590".



#### Additional Resources

- Application Checklist Form
- FY25 Human Services Grant Guidelines
- Certificate of Insurance Information Packet





### Questions?

Please reach out to Robert.Morales@raleighnc.gov for questions and assistance.