

City of Raleigh
Human Services Agency Funding

FY26 Application Workshop

Required Application Attachments



Raleigh





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)



Required Application Attachments

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)



Required Application Attachments

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 active policy
 - 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. that the City of Raleigh is endorsed as an additional insured 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”**.



Required Application Attachments

Additional Resources

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



CERTIFICATE OF LIABILITY INSURANCE

HOPSC-2 OP ID: AT

DATE (MM/DD/YYYY)
08/12/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | | |
|--|--|---|--|
| PRODUCER Insurance Agent/Broker Name Insurance Agent/Broker Street Address Insurance Agent/Broker City, State Contact & Phone Number | | CONTACT NAME Name PHONE (A/C No., Ext) Phone Number FAX (A/C No.) EMAIL Address Email Address | |
| INSURED Company Name Company Street Address or P.O. Box Company City, State & Zip Code | | INSURER(S) AFFORDING COVERAGE INSURER A: Name of Insurance Company INSURER B: Name of Insurance Company (if applicable) INSURER C: INSURER D: | |
| Use Agency Legal Name | | Ensure Policy is Active | |

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:
 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE CERTIFICATE HOLDER AND THAT THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF THE POLICY, DOES NOT EXCEED THE POLICY PERIOD INDICATED HEREIN. THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES LISTED BELOW IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| TYPE OF INSURANCE | AGENCY | AGENCY | AGENCY | POLICY NO. (MM/DD/YYYY) | POLICY EFF. DATE (MM/DD/YYYY) | POLICY EXPI. DATE (MM/DD/YYYY) | LIMITS |
|--|--|--------|--------|--------------------------------|-------------------------------|--------------------------------|--|
| GENERAL LIABILITY | | | | | | | \$ 1,000,000 |
| <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | Enter Policy # | Effective Date | Expiration Date | EACH OCCURRENCE DAMAGE TO PROPERTY PREMISES (PL) OCCUR MED EXP (Any one person) PERSONAL & ADV IN GENERAL AGGREGATED PRODUCTS - COMM |
| <input checked="" type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | | | | | | | |
| GEN'L AGGREGATE LIMIT APPLIES PER | | | | | | | |
| <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PER <input type="checkbox"/> LOC | | | | | | | |
| AUTOMOBILE LIABILITY (check all that apply) | | | | Enter Policy # (if applicable) | Effective Date | Expiration Date | \$ 1,000,000 |
| <input checked="" type="checkbox"/> ANY AUTO | | | | | | | \$ |
| <input type="checkbox"/> ALL OWNED AUTOS | <input type="checkbox"/> SCHEDULED | | | | | | \$ |
| <input type="checkbox"/> HIRED AUTOS | <input type="checkbox"/> NON-OWNED AUTOS | | | | | | \$ |
| <input type="checkbox"/> PROPERTY DAMAGE (Per accident) | | | | | | | \$ |
| <input type="checkbox"/> BODILY INJURY (Per person) | | | | | | | \$ |
| <input type="checkbox"/> BODILY INJURY (Per accident) | | | | | | | \$ |
| <input type="checkbox"/> UNINSURED/UNDERINSURED | | | | | | | \$ |
| A <input checked="" type="checkbox"/> UMBRELLA LIMIT <input checked="" type="checkbox"/> EXCESS LIAB | | | | Enter Policy # (if applicable) | Effective Date | Expiration Date | \$ associated limit |
| <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE | | | | | | | \$ associated limit |
| <input type="checkbox"/> DEP <input checked="" type="checkbox"/> RETENTION \$ | | | | | | | \$ |
| B WORKERS COMPENSATION (MANDATORY FOR EMPLOYERS WITH 3 OR MORE EMPLOYEES) (MANDATORY IN NC) (If you check this writing, DESCRIPTION OF OPERATIONS below) | | | | Enter Policy # (if applicable) | Effective Date | Expiration Date | \$ 500,000 |
| <input type="checkbox"/> Y/N <input type="checkbox"/> N/A | | | | | | | \$ 500,000 |
| <input type="checkbox"/> ETC EACH ACCIDENT | | | | | | | \$ 500,000 |
| <input type="checkbox"/> ETC DISEASE - EA EMPLOYEE | | | | | | | \$ 500,000 |
| <input type="checkbox"/> ETC DISEASE - POLICY/LIMIT | | | | | | | \$ 500,000 |
| A liquor Liability | | | | Enter Policy # (if applicable) | Effective Date | Expiration Date | \$ 1,000,000 |

Required Coverage Limits including Blanket Fidelity Bond

City of Raleigh listed as Additional Insured

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (If you check this writing, SCHEDULE, if more space is required) COLOR KEY - COI example form

This must read:
 The City of Raleigh, its officers, employees, and agents are listed as an additional insured.

Yellow: required limits for all events
 Pink: required limits for parades that have floats or events involving other moving vehicles
 Green: may be required to meet required limits for GL, AL, EL
 Blue: required limits for events hiring off-duty Raleigh Police
 Purple: required limits for events selling/consuming alcohol
 Black: additional fields may be required or waived, at the discretion of the Risk Management Dept.

| | |
|---|--|
| CERTIFICATE HOLDER City of Raleigh P.O. Box 590 Raleigh, NC 27602 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Signature of authorized representative |
| Ensure Certificate Holder Address | Ensure Policy is Active |



Questions?

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