



Think Vermont Grants for Relocation Outreach Work (GROW) Program

About the Program

The Think Vermont Grants for Relocation Outreach Work (GROW) Program is intended to provide grant funding to enable local, regional, county-wide, or state-wide organizations to conduct relocation, recruitment, and retention activities. To be eligible for this funding, grantees must provide relocation services on behalf of their region or affinity group and collaborate with other organizations to optimize the success of relocation and retention efforts and activities. Relocation and retention efforts must be designed to reach and serve a broad audience, including underrepresented communities and new and diverse residents.

Grant funds are intended to formalize a regional relocation network and increase capacity for relocation and outreach activities for either a specific region or state-wide, based on the audience served by the grant applicant. Grants will be distributed across the State with no more than one grantee providing services for any given town or affinity group. Grants will be given for a two-year period. Grantees will be required to submit monthly reports and deliverables specific to their approved scope of work, as well as have a work plan check in meeting at the end of year one to make any adjustments as necessary in their activities to meet program goals.

There will be two grant tracks. **Applicants can apply for one or both tracks.**

Regional Relocation Network Track: Approved activities for this track must complement and support the State's lead generation and distribution system via the [Connect with a Vermonter Form on ThinkVermont.com](https://connectwithavermont.com). As part of this track, applicants must be committed to receiving and nurturing leads received through the Connect with a Vermonter program. Applicants will be expected to have in place or develop a formal process to track all leads received and report on the status of all leads and support activities provided (calls, referrals, emails, etc.) on a regular basis.

Outreach Track: Approved activities for this track can complement the Regional Relocation Network Track activities or be standalone activities that support the program goals. As part of this track, applicants must be committed to organizing events and/or conducting activities that promote the region to new residents and help new residents feel welcome in their new community.

For more information on eligibility, funding priorities, examples of eligible grant activities, and the timeline for decision making please review the full grant details on our website: <https://accd.vermont.gov/tourism/funding-and-incentives>



Applications will not be accepted without the following completed items:

- Application Form
- [Work Plan and Budget](#)
- Letters of Support (minimum of one, maximum of four) from partner organizations.

Once the Application Form has been submitted, applicants will receive an email confirmation. Applicants must reply to that email with their Work Plan and Budget, and letters of support.

We encourage all applicants to draft responses in a separate document and copy them over to the Application Form. The questions on the Application Form have been provided on our website. **Applications may NOT be saved and must be completed in one sitting.**

This application automatically closes on November 3, 2023, at the close of business. Late applications will not be accepted.

Applicant Organization

1. Legal Name

REPLY: Click or tap here to enter text.

2. Doing Business As (DBA) Name

REPLY: Click or tap here to enter text.

3. Address Line 1

REPLY: Click or tap here to enter text.

4. Address Line 2

REPLY: Click or tap here to enter text.

5. City

REPLY: Click or tap here to enter text.

6. State

REPLY: Click or tap here to enter text.

7. Zip Code

REPLY: Click or tap here to enter text.



8. What geographic service area does your organization cover?

Select all that apply.

REPLY: Click or tap here to enter text.

9. If your organization does not operate statewide, do you cover all towns within the counties you chose above?

REPLY: Click or tap here to enter text.

10. For organizations that are not statewide and do not cover all towns within a county, please list specific towns that are in your service area.

If you are statewide or cover all towns within a county, enter N/A.

REPLY: Click or tap here to enter text.

11. Tax Classification

REPLY: Click or tap here to enter text.

12. Federal Employer Identification Number (FEIN)

Format: ##-#####

REPLY: Click or tap here to enter text.

Grant Track Details

13. Which grant track are you applying for?

REPLY: Click or tap here to enter text.

Funding

Please indicate the funding that is needed for your proposed project. A dollar amount must be provided separately for each track. If you are only applying for one track, enter a zero in the one you are not applying for.

14. Funding: Regional Relocation Network Track

REPLY: Click or tap here to enter text.

15. Funding: Outreach Track

REPLY: Click or tap here to enter text.



Project Overview

Please provide a brief project overview of your proposed project. A brief project overview must be provided separately for each track. If you are only applying for one track, enter N/A for the one you are not applying for.

16. Project Overview: Regional Relocation Network Track

REPLY: Click or tap here to enter text.

17. Project Overview: Outreach Track

REPLY: Click or tap here to enter text.

Project Details

Please provide details about your proposed project. Project details must be provided separately for each track. If you are only applying for one track, enter N/A for the one you are not applying for.

18. Project Details: Regional Relocation Network Track

In addition to any other proposed activities, please make sure to describe in detail how you intend to follow up and nurture leads received through the Connect with a Vermonter intake form. Also, outline if the project activity proposed is a one-time activity or ongoing throughout the term of the grant.

REPLY: Click or tap here to enter text.

19. Project Details: Outreach Track

Please make sure to note if the activity proposed is for recently re-located residents or for not yet re-located potential Vermonters. Please also outline if the project activity proposed is a one-time activity or ongoing throughout the term of the grant.

REPLY: Click or tap here to enter text.

Community Partnerships

Please detail how you will collaborate with community partners to strengthen your proposed activities. Community partnership details must be provided separately for each track. If you are only applying for one track, enter N/A for the one you are not applying for.

20. Community Partnerships: Regional Relocation Network Track

REPLY: Click or tap here to enter text.



21. Community Partnerships: Outreach Track

REPLY: Click or tap here to enter text.

Diversity, Equity, and Inclusion (DEI) Elements

Please detail what you will do to make a diverse group of prospective or newly relocated residents feel welcomed and wanted in your community. Diversity, equity, and inclusion details must be provided separately for each track. If you are only applying for one track, enter N/A for the one you are not applying for.

22. DEI: Regional Relocation Network Track

Example: Provide DEI training to staff.

REPLY: Click or tap here to enter text.

23. DEI: Outreach Track

Example: Partner with an affinity group on retention events.

REPLY: Click or tap here to enter text.

Tracking

Please provide a detailed description of how you will track the required outcomes for this project. Tracking details must be provided separately for each track. If you are only applying for one track, enter N/A for the one you are not applying for.

24. Tracking: Regional Relocation Network Track

REPLY: Click or tap here to enter text.

25. Tracking: Outreach Track

REPLY: Click or tap here to enter text.

Outreach Track Details

Please answer the following two questions if you are applying for the Outreach Track. If you are not applying for the Outreach Track, enter N/A.

26. Will this project generate marketing assets such as photo or video or other collateral that can be shared with the Department of Tourism and Marketing for them to use in nationwide campaigns?

REPLY: Click or tap here to enter text.



27. If you answered yes to the previous question, please describe the marketing assets that will be created and shared with the Department of Tourism and Marketing.

REPLY: Click or tap here to enter text.

Risk Assessment

Your answers to the following questions will help you determine how much support you may need to successfully complete and comply with the grant agreement.

28. What type of accounting system do you use?

REPLY: Click or tap here to enter text.

29. Does your organization have a system for managing and tracking grant activities and demonstrates funds were spent on allowable expenditures in accordance with grant requirements?

REPLY: Click or tap here to enter text.

30. Is your organization receiving a grant award from the State of Vermont for the first time?

REPLY: Click or tap here to enter text.

31. If no, did your organization adhere to all terms and conditions of prior grant awards?

REPLY: Click or tap here to enter text.

32. Does your organization have adequate and qualified staff to comply with the internal controls necessary (separation of duties, controlled access to accounting system, etc.) for proper financial management and expenditure tracking in accordance with Generally Accepted Accounting Principles (GAAP) requirements for grant management?

REPLY: Click or tap here to enter text.

33. Does your organization have prior experience with similar programs?

REPLY: Click or tap here to enter text.

34. Does your organization maintain policies which include procedures for assuring grant compliance?

Policies for assuring grant compliance may include conflict of interest, procurement, fair labor, and financial, etc.

REPLY: Click or tap here to enter text.



35. Does your organization have an accounting system that will allow them to completely and accurately track the receipt and disbursements of funds related to grant awards?

REPLY: Click or tap here to enter text.

36. If staff will be required to track their time associated with the award, does the organization have a system in place that will account for 100% of each employee's time?

REPLY: Click or tap here to enter text.

37. Did your organization have one or more audit findings in their last (federal) single audit regarding program non-compliance?

REPLY: Click or tap here to enter text.

38. Did your organization have one or more audit findings in their last (federal) single audit regarding significant internal control deficiency?

REPLY: Click or tap here to enter text.

39. What month does your fiscal year end?

REPLY: Click or tap here to enter text.



Attestations

An authorized signatory of the Applicant Organization must attest to the following by checking the box with each statement and completing the signature portion of this form.

- 40. Check:** Applicant will report on incurred expenses and/or losses, in a form and at a frequency prescribed by the State of Vermont and will cooperate with the State of Vermont in creating and retaining appropriate documentation in adherence to the grant.
- 41. Check:** To the extent that actual expenditures or demonstrated need is less than the total award amount, Applicant agrees to return the balance of unspent funds to the State of Vermont. If the State of Vermont determines that the awarded funds were used in a manner not in compliance with the grant agreement, Applicant agrees that the State of Vermont may recover funds from Applicant by reducing future funding in State budgets.
- 42. Check:** Applicant must repay the award or portion of the award to the Agency of Commerce and Community Development if: any funds received were issued in error; are based on incorrect representations made to the Agency of Commerce and Community Development; or any costs forming the basis of an award under this program are covered by other State and federal funds received by Applicant. I agree that the final determination of whether there has been a duplication of benefits and the amount to be repaid, if any, will be made by the Agency of Commerce and Community Development.
- 43. Check:** Applicant shall maintain and make available to the State of Vermont upon request, all documents and financial records sufficient to establish compliance with the grant agreement. Records and supporting documentation must be maintained for a period of three years after all funds have been expended or returned to the State, whichever is later. Records to support grant compliance may include, but are not limited to, copies of the following:
- (a) General ledger and subsidiary ledgers used to account for (a) the receipt of payments and (b) the disbursements from such payments to meet eligible expenses;
 - (b) Budget records;
 - (c) Payroll, time records, human resource records to support costs incurred for payroll expenses;
 - (d) Receipts of allowable and allocable purchases;
 - (e) Contracts and subcontracts entered into using grant funds and all documents related to such contracts;



- (f) Grant agreements and grant subaward agreements entered into using grant funds and all documents related to such awards;
 - (g) All documentation of reports, audits, and other monitoring of contractors, including subcontractors, and grant recipient and subrecipients;
 - (h) All documentation supporting the performance outcomes of contracts, subcontracts, grant awards, and grant recipient subawards;
 - (i) All internal and external email/electronic communications related to use of grant funds; and
 - (j) All investigative files and inquiry reports involving grant funds.
- 44. Check:** To the best of my knowledge, neither Applicant nor Applicant's principals (officers, directors, owners, or partners) are presently debarred, suspended, proposed for debarment, declared ineligible or excluded from participation in State and Federal programs, or programs supported in whole or in part by State and Federal funds.
- 45. Check:** Applicant will submit reports as required by the State of Vermont, Agency of Administration, and/or Agency of Commerce and Community Development.
- 46. Check:** Grantee and sub-awardees shall provide the State perpetual, non-exclusive, free of charge, right to use, for State purposes only, work products created with the assistance of State funds under this grant agreement.
- 47. Check:** Grantees will acknowledge support from the **Vermont Department of Tourism and Marketing** in all publications or other documents produced as a result of this grant. Publications or documents subject to this provision include, but are not limited to, press releases, reports, fact sheets, presentations, and websites or webpages describing projects or programs funded in whole or in part through this grant, but do not include advertising or social media promotions.
- 48. Check:** The Agency of Commerce and Community Development may share the information on this award with other Vermont state agencies, and other Vermont agencies can share information with Agency of Commerce and Community Development for the purpose of verifying Applicant's eligibility for this or another award.
- 49. Check:** Applicant agrees to the State of Vermont's Standard Provisions for Contracts and Grants. Read Vermont's Standard Provisions for Contracts and Grants here: <https://bgs.vermont.gov/sites/bgs/files/files/purchasing-contracting/Forms/ATTACHMENT%20C%20-%20rev%20Dec%202017%20CLEAN.pdf>
- 50. Check:** All of Applicant's tax returns are completed and filed through the date of application filing.



51. Check: Applicant complies with local, state and federal labor laws.

52. Check: Applicant is in good standing with the Vermont Secretary of State.

53. Check: I attest, under penalty of perjury, that all information provided on this form is true and accurate. I understand that the State of Vermont will rely on this certification as a material representation in making this award. Further, I understand that intentional misrepresentation of information is fraud and may subject me or my organization to disqualification from receiving further benefits, administrative penalties, and criminal prosecution.

Signature

Note: Your typed first name and last name will serve as your electronic signature.

54. First Name

REPLY: Click or tap here to enter text.

55. Last Name

REPLY: Click or tap here to enter text.

56. Title

REPLY: Click or tap here to enter text.

57. Email Address

Please note that it is important to ensure the accuracy of your email so that you will receive a copy of your completed application. Applicants will reply to that email with the required documents.

REPLY: Click or tap here to enter text.

58. Phone Number

Format: ###-###-####

REPLY: Click or tap here to enter text.

59. Date of Submission

REPLY: Click or tap here to enter text.