



## Eastern Iowa MHDS Region Cedar, Clinton, Jackson, Muscatine, and Scott Counties

**Request for Proposal- 3rd Round Application:**

The Application must be submitted no later than Wednesday, October 28, 2020 by 4:30 pm and should be emailed to: [lori.elam@scottcountyiowa.gov](mailto:lori.elam@scottcountyiowa.gov)

<b><u>Applicant Contact Information</u></b>	
<b>Legal name of Entity:</b>	
<b>Primary contact person:</b>	
<b>Address:</b>	
<b>Phone number:</b>	<b>Email:</b>

**Financial Information:**

Provide the funding justification for each expense item of the proposal including the amount of requested funds. **Please provide the information in a chart under Attachment “A” located on a separate sheet of this application.**

**Statement of Need:**

**Please elaborate on the following statements in Attachment “B” located on a separate sheet of this application.**

1. Describe the proposed request and the entity need.
2. Justify the expense as related to COVID-19 for the population you serve. For example; why the services, equipment or other expenditures were needed and how they are COVID-19 related.
3. Explain the timeframe of the proposed request including expenditures incurred during the period that begins March 1, 2020 and ends on December 30, 2020.
4. Any additional comments.

**Hold Harmless, Indemnification and Liability Insurance:**

**Applicant Hold Harmless and Indemnification.** The Applicant shall defend, hold harmless and indemnify the Region against any and all claims, liability, damages or judgments asserted against, imposed or incurred by the Region that arise out of acts or omission of Applicant or Applicant’s employees, agents or representatives in the discharge of its responsibilities under this Agreement.

**Region Hold Harmless and Indemnification.** The Region shall defend, hold harmless and indemnify Applicant against any and all claims, liability, damages or judgments asserted against, imposed or incurred by Applicant that arise out of acts or omission of the Region or the Region’s employees; agents; or representatives in the discharge of its responsibilities under this Agreement.



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**Applicant Liability Insurance.** The Applicant shall procure and maintain, at the Applicant’s own expense, professional liability insurance and comprehensive general or umbrella liability insurance. Evidence of insurance shall be available upon request at the time of execution of this Agreement and may be provided in the form of a certificate of insurance.

**Attestation**

**I confirm that I have been authorized to submit this application for Regional CRF Funds on behalf of the Entity.**

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**Entity (Print)**

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**Date**

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**Authorized Entity Signature**

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*[Email Applications to: lori.elam@scottcountyiowa.gov](mailto:lori.elam@scottcountyiowa.gov)*

Scott County Administrative Center  
C/o Lori Elam, Regional CEO  
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