Warren County ARPA Task Force

Example Approaches to ARPA Grant Fund Applications

The following applications from Saratoga County and Ulster County have been compiled for discussion purposes.

Saratoga County Non-Profit COVID Relief Grant Fund- Overview and Application

Board of Supervisors

Saratoga County Non-Profit COVID Relief Grant Fund
OVERVIEW AND APPLICATION CRITERIA FOR APPLICANTS
A total of $2,000,000 in funds are available

The Saratoga County Board of Supervisors is currently offering an opportunity for community non-profit organizations that were negatively affected by the pandemic and continue to experience challenges to apply for funding to support programs and projects that are beneficial to the residents of our County.

Please review the following criteria and instructions before completing the brief application. An application that does not meet the established criteria will not be considered. Applications will be reviewed by the Law & Finance Committee of the Saratoga County Board of Supervisors and all recommended applications will be forwarded to the full Board for final approval. More information and FAQs can be found at www.SaratogaCountyNY.gov/COVIDfund

Funding for awards will be announced starting in the 2nd Quarter of 2022 and applications will be reviewed until all funds are dispersed.

- Funding requests can range from $500 to a maximum of $50,000. Applicants may be approved for funding less than the requested amount.

- Preference will be given to organizations that currently do not receive any form of funding from the County or from other federal or state pandemic relief programs. However, all non-profits serving Saratoga County are eligible to apply.

- Applications will only be accepted from non-profit entities currently operating. Applicants must be organizations that serve Saratoga County residents directly. If requested, the organization must present acceptable proof of their operating and non-profit status.

- Applications must identify a clear and tangible benefit to residents of Saratoga County.

- Applications must demonstrate one of the following:
  1. How the funds will be used to respond to the COVID pandemic and its economic impacts;
  2. How the funds will be used to prepare for another emergency; and/or
  3. How the funds will be used to replace losses incurred during the pandemic.

- Award recipients will be responsible for submitting a brief written overview about the result(s) and impact of the grant within six months of receiving the funding.

- The County reserves the right to audit all expenditures of these funds.

- All questions regarding the program and application should be submitted via email to *CovidNonProfit@SaratogaCountyNY.gov*.

Board of Supervisors

Saratoga County Non-Profit COVID Relief Grant Fund

<u>APPLICATION INSTRUCTIONS</u>

This application is an electronic submission form. To complete, simply click on the box next to the requested information and enter your data. The box will automatically expand for you to enter as much data as required.

After the application is complete, please save the document with the name of your organization followed by "Non-Profit COVID Relief Fund Application." For example, the file name should be similar to "St. Mary's Food Bank Non-Profit COVID Relief Fund Application."

Completed applications may then be emailed to ***CovidNonProfit@SaratogaCountyNY.gov*** with the subject header "County Non-Profit COVID Relief Fund Application."

Organizations wishing to mail their applications may send them to:

Saratoga County Non-Profit COVID Relief Fund Program
County Administrator's Office
40 McMaster Street
Ballston Spa, NY 12020

Applications may also be physically dropped off at the County Administrator's Office at 40 McMaster Street, Ballston Spa.

By submitting an application, the organization acknowledges that if it is approved for funding it will abide by all requirements set forth by Saratoga County. It will also be responsible for submitting a brief written overview of the results and impact of the funding to the Board of Supervisors within six months of the grant award. The County reserves the right to audit all expenditures of these funds.

By submitting an application, the organization acknowledges that it will comply with all laws and regulations including non-discrimination and labor laws.

Board of Supervisors

Saratoga County Non-Profit COVID Relief Grant Fund
APPLICATION

Organization Name: _____

Organization Address: _____

_____

Point of Contact:_____
                          Name   *Title*

E-mail:_____   Phone:_____

Organization website or social media: _____

Amount being requested: _____

Have you received any pandemic related funding from any government entity? If so, please provide amount and source:

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Have you received any funding from Saratoga County in the past 3 years? If so, please provide amount per year:

2022: _____2021:_____ 2019:_____2018:_____

Please include attachments that provide the following information:
- A list of organization officers/leadership.
- A copy of the organization's budget for 2022.
- A short narrative explaining the proposed use of funds being requested and how the funds would provide a clear and tangible benefit to the residents of Saratoga County while accomplishing one of the following:
  - *Response to the COVID pandemic and its economic impacts;*
  - *Preparation for another emergency;*
  - *Replacement of losses incurred during the pandemic.*

Applicants may be asked to provide additional information upon request from the Board of Supervisors.

By submitting this application, you are acknowledging that your organization does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.

Ulster County Non-Profit Recovery Application

Non-Profit Recovery Application

This form will not save your progress. Please complete in one sitting. You can preview the full application HERE. Thank you for application.

1. **Are you applying for Recovery funding?**

   Recovery Funding: Provides economic assistance to eligible organizations to help them recover from the financial impacts of the COVID-19 public health emergency.

   Resilience Funding: For projects and/or services that need a one-time funding boost to meet specific community service needs as a result of the COVID-19 public health emergency.

   Organizations may apply for both Resilience and Recovery funds by completing one application for each funding category. The total funding request from each organization, whether applying for Resilience, Recovery, or both, must equal less than $50,000.

   ○ Yes, I am applying for Recovery funds

   ○ No, I would like to apply for Resilience funds

Resilience Funding

https://forms.office.com/g/fiM5Mvc1yD (https://forms.office.com/g/fiM5Mvc1yD)

Recovery Applicant Information

2. Name of Agency or Organization:

3. Primary Contact:

   Please include name, title, email, and phone number.

4. Chief Administrator:

   Please include name, title, email, and phone number.

5. Year Founded:

6. Mission Statement:

7. Organization Address:

Please include mailing address, if different.

8. Is your organization registered as a 501(c)(3) charitable organization or a 501(c)(19) veteran's service organization?

◯ Yes

◯ No

9. Provide your organization's Employer Identification Number (EIN):

10. Provide your organization's DUNS number (if applicable):

11. Is your organization currently or has it ever been an Ulster County vendor?

○ Yes

○ No

12. Does your organization have a brick-and-mortar location within Ulster County?

What percentage of your work targets Ulster County? What other geographical areas does your organization serve?

[   ]

13. Does your organization work in communities located in an Ulster County Qualified Census Tract(s) (QCT)? If so, please select all that apply.

Map of QCTs in Ulster County: https://ulstercounty.maps.arcgis.com/apps/webappviewer/index.html?id=b6fa6373ea294643bc567c097e7c854d
(https://ulstercounty.maps.arcgis.com/apps/webappviewer/index.html?id=b6fa6373ea294643bc567c097e7c854d)

○ Tract 9514

○ Tract 9517

○ Tract 9518

○ Tract 9520

○ Tract 9535

○ Tract 9544

○ Tract 9553

○ N/A

14. Target Population: Please select all that apply to indicate the groups most impacted by your organization:

☐ Children (age 0-12)

☐ Youth/Teens (age 13-18)

☐ Adults (age 19-64)

☐ Seniors (age 65+)

☐ Individuals with disabilities

☐ Low-income individuals/families

☐ Marginalized/under-served groups

15. Select all that apply: I certify that my organization operates under a board-approved

☐ Non-Discrimination Policy

☐ Conflict of Interest Policy

Organizational Changes Due to COVID-19

16. How has the COVID-19 Pandemic changed your organization's priorities and goals?

    Maximum 700 words

17. How have your operations changed during the pandemic?

    Maximum 700 words

18. Has the pandemic caused your organization to cancel major programs and/or fundraisers? Please indicate experienced and/or expected revenue loss from these instances.

Maximum 700 words

Funding Request & Financial Information

19. Total Funding Request:

20. Describe the work your organization has done in Ulster County since January 27, 2020, particularly in relation to COVID-19. Include Ulster County specific data as applicable.

    Maximum 700 words

21. Explain how the Recovery funds will be expended. Eligible uses include loss of organization revenue; rent, mortgage, utility, or overhead costs; payroll and benefit costs.

    See the application instructions for more details on each eligible use.
    Maximum 700 words

22. Has your organization received any other federal relief funding, such as the Paycheck Protection Program, etc.? If so, please detail fund source, amount, and year received:

23. Does your organization receive revenue from any of the following revenue streams? If so, what percentage?

    a. Government grants and contracts
    b. Charitable grants and contributions (i.e. foundation grants and donations from individuals)
    c. Program service fees
    d. Investment income
    e. Other (Please explain)
    f. None

24. Has your organization been contacted by the Internal revenue Service (IRS) or the Attorney General's office within the last three years?

    If so, please explain:

25. Has your organization received any funding from Ulster County within the last five years? If yes, list the funding source and amount.

26. Does your organization have any outstanding financial obligations to Ulster County? If yes, list all outstanding obligations to Ulster County.

27. Does your organization have any of the following? If yes, please explain how each has been utilized since March 3, 2021.

    a. Operating Reserve
    b. Endowment
    c. Line of Credit

Signature

28. Full Name:

[   ]

29. Title:

[   ]

30. Required Documentation: Please be sure to upload documents using the link below
https://codev.ulstercountyny.gov/resilience-and-recovery/
(https://codev.ulstercountyny.gov/resilience-and-recovery/)

   a. Organization Chart
   b. Timeline
   c. Recovery Workbook (**Template can be found in the above link**)
   d. Fiscal Agreement, if applicable
   e. IRS Form 990 from 2019, 2020, and 2021, if available

   ○ I agree

   ○ I do not agree (This will result in an automatic disqualification)

31. By entering your signature information and clicking "I agree" below you certify that:

   (1) the statements and information provided in this application are true and correct to the best of your knowledge,

   (2) you are authorized to submit this application on behalf of the applicant organization/agency, and

   (3) you have read and will agree to the conditions outlined in the Non-Profit Recovery & Resilience Grant instructions.

   ○ I agree

   ○ I do not agree (This will result in an automatic disqualification)

Ulster County Non-Profit Resiliency Application

Non-Profit Resilience Application

This form will not save your progress. Please complete in one sitting. You can preview the full application HERE. Thank you for application.

1. **Are you applying for Resilience funding?**

   Resilience Funding: For projects and/or services that need a one-time funding boost to meet specific community service needs as a result of the COVID-19 public health emergency.

   Recovery Funding: Provides economic assistance to eligible organizations to help them recover from the financial impacts of the COVID-19 public health emergency.

   Organizations may apply for both Resilience and Recovery funds by completing one application for each funding category. The total funding request from each organization, whether applying for Resilience, Recovery, or both, must equal less than $50,000.

   ◯ Yes, I am applying for Resilience funds

   ◯ No, I would like to apply for Recovery funds

Recovery Funding

https://forms.office.com/g/pXHrmW7VDX (https://forms.office.com/g/pXHrmW7VDX)

Resilience Applicant Information

2. Name of Agency or Organization:

3. Primary Contact:
    Please include name, title, email, and phone number.

4. Chief Administrator:
    Please include name, title, email, and phone number.

5. Year Founded:

6. Mission Statement:

7. Organization Address:

Please include mailing address if different.

8. Is your organization registered as a 501(c)(3) charitable organization or a 501(c)(19) veteran's service organization?

⃝ Yes

⃝ No

9. Provide your organization's Employer Identification Number (EIN):

10. Provide your organization's DUNS number (if applicable):

11. Is your organization currently or has it ever been an Ulster County vendor?

    ◯ Yes

    ◯ No

12. Does your organization have a brick-and-mortar location within Ulster County?

What percentage of your work targets Ulster County? What other geographical areas does your organization serve?

    ☐ _____

13. Does your organization work in communities located in an Ulster County Qualified Census Tract(s) (QCT)? If so, please select all that apply.

Map of QCTs in Ulster County: https://ulstercounty.maps.arcgis.com/apps/webappviewer/index.html?id=b6fa6373ea294643bc567c097e7c854d (https://ulstercounty.maps.arcgis.com/apps/webappviewer/index.html?id=b6fa6373ea294643bc567c097e7c854d)

    ☐ Tract 9514

    ☐ Tract 9517

    ☐ Tract 9518

    ☐ Tract 9520

    ☐ Tract 9535

    ☐ Tract 9544

    ☐ Tract 9553

    ☐ N/A

14. Target Population: Please select all that apply to indicate the groups most impacted by your organization:

☐ Children (age 0-12)

☐ Youth/Teens (age 13-18)

☐ Adults (age 19-64)

☐ Seniors (age 65+)

☐ Individuals with disabilities

☐ Low-income individuals/families

☐ Marginalized/under-served groups

15. Select all that apply: I certify my organization operates under a board-approved

☐ Non-Discrimination Policy

☐ Conflict of Interest Policy

Organizational Changes Due to COVID-19

16. How has the COVID-19 Pandemic changed your organization's priorities and goals?

    Maximum 700 words

17. How have your operations changed during the pandemic?

    Maximum 700 words

18. Has the pandemic caused your organization to cancel major programs and/or fundraisers? Please indicate experienced and/or expected revenue loss from these instances.

Maximum 700 words

Project Information

19. Project Name:

20. Total Funding Request:

21. Total Project Cost:

22. Select expenditure category:

Please check all the apply (See Schedule A for further details on each category):

☐ Arts & Culture

☐ Education

☐ Food Access

☐ Healthy Childhood Environments

☐ Housing

☐ Job Training

☐ Mental Health

☐ Public Health

☐ Substance Use & Behavioral Prevention & Education

☐ Senior Transit

☐ Technology Upgrades

☐ Underserved Children & Youth Programs

☐ Veterans Services

23. Partners/Collaborators: Do you plan to partner or collaborate with other organizations on this project? If yes, please list:

a. Name of the organization

b. Contact information

c. Brief description of their role

Note: You will be asked to submit a Letter of Support from your partnering organization/collaborator.

 Enter "N/A" if you are not planning on partnering or collaborating

Maximum 700 words

24. Describe the goal of the project and the needs it seeks to address. Include Ulster County specific data as applicable.

Maximum 700 words

25. Describe who will be served by the project. Include specific groups or individuals as well as the geographic location(s) that will benefit.

26. Describe the project activities and/or strategies to be undertaken. Please include outcomes and deliverables:

Maximum 700 words

27. Is this a new or ongoing/expanded project/program?

○ New

○ Ongoing/Expansion of Existing Program

Project Information (continued)

28. How many people were served during the last program year?

29. Describe the measurable impact the program has achieved to date. Please provide an example(s).

    Maximum 700 words

Financial Overview & Fiscal Sponsorship

30. Has your organization received any other federal relief funding, such as the Paycheck Protection Program, etc.? If so, detail fund source, amount, and year received:

31. Does your organization receive revenue from any of the following revenue streams? If so, what percentage?
    a. Government grants and contracts
    b. Charitable grants and contributions (i.e. foundation grants and donations from individuals)
    c. Program service fees
    d. Investment income
    e. Other (Please explain)
    f. None

32. Does your organization have any of the following? If yes, please explain.
    a. Operating Reserve
    b. Endowment
    c. Line of Credit

33. Has your organization been contacted by the Internal revenue Service (IRS) or the Attorney General's office within the last three years?

    If so, please explain:

34. Has your organization received any funding from Ulster County within the last five years? If yes, list the funding source and amount.

35. Does your organization have any outstanding financial obligations to Ulster County? If yes, list all outstanding obligations to Ulster County.

36. Are you using a fiscal sponsor to apply for Resilience funds?

○ Yes

○ No

Fiscal Sponsor

37. Name your organization's fiscal sponsor:

Please include contact information (primary contact, title, email, and phone number)

Signature

38. Full Name:

[   ]

39. Title:

[   ]

40. Required Documentation: Please be sure to upload documents using the link below
https://codev.ulstercountyny.gov/resilience-and-recovery/
(https://codev.ulstercountyny.gov/resilience-and-recovery/)

a. Organization Chart
b. Timeline
c. Resilience Workbook (**Template can be found in the above link**)
d. Fiscal Agreement, if applicable

○ I agree

○ I do not agree (This will result in an automatic disqualification)

41. By entering your signature information and clicking "I agree" below you certify that:

(1) the statements and information provided in this application are true and correct to the best of your knowledge,

(2) you are authorized to submit this application on behalf of the applicant organization/agency, and

(3) you have read and will agree to the conditions outlined in the Non-Profit Recovery & Resilience Grant instructions.

○ I agree

○ I do not agree (This will result in an automatic disqualification)