FUNDING REQUEST

AMERICAN RESCUE PLAN ACT (ARPA)

UNION COUNTY

Union County is accepting funding requests from municipalities, public authorities and eligible non-profit organizations in the county to help determine how to allocate funds from the federal American Rescue Plan Act (ARPA).

This document is a guide to prepare the information and answer questions necessary to complete the online application. To ensure consideration for funding, please complete the **online** application form in its entirety.

Applicant or Entity Name *Name that best describes the applicant.*

Entity Type (Select One)
- ☐ *Municipality in Union County*
- ☐ *Public Authority in Union County*
- ☐ *Nonprofit in Union County*

Has your organization received any other COVID-19 related grant funding from local, state or federal sources (i.e. ARPA, CARES, PPP)? *Yes or No*

If yes, include the dollar amount of prior COVID 19 grant funding?

Contact Information
- *First Name*
- *Last Name*
- *Title*
- *Address*
- *City, State, Zip*
- *Email*
- *Phone*
- *Website URL* **Only if applicabl**

ARPA Project Category

Please select

- ☐ *Support Public Health Response*
- ☐ *Replace Revenue Loss/Provide Public Services (parks and recreation, technology, transportation, etc.)*
- ☐ *Water, Sewer and Stormwater Infrastructure*
- ☐ *Address Negative Economic Impacts from COVID*
- ☐ *Assistance to Non-Profit Organizations*

Project Name

Project Type

Select all that apply to this application.

- ☐ *Design*
- ☐ *Construction*
- ☐ *Planning*
- ☐ *Program (rental assistance, childcare services, etc.)*
- ☐ *Other*

Other Project Type | Describe the Program/Project Scope of Work in Detail

If you selected the other option above for project type type, please give a brief description.

Project Location

Drop a point or search for the address of the project location.
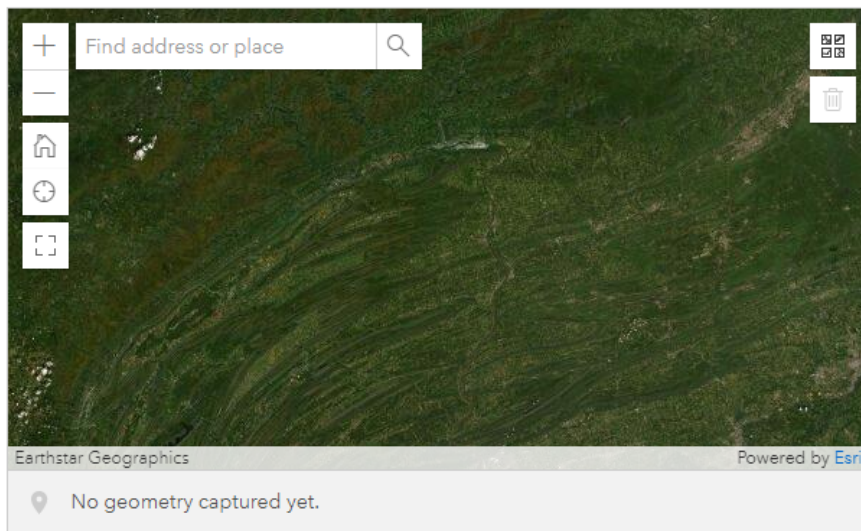
Describe why the Program/Project is needed

Describe the positive and lasting impacts the proposed program/project will have in the county and/or its communities.

Describe Measurable Outcomes (i.e. number of clients assisted, number of households or families served, environmental benefits, economic impact, other funds leveraged)

Describe how the proposed program/project is generally consistent with ARPA and the county's eligible uses for this funding

Describe program/project sustainability in terms of how it will be maintained in future years after this funding source is exhausted.

Describe the level of support for your program or project in the public, by the local municipality, partners, stakeholders, etc. and/or if it is referenced in any official plans.

Annual Organizational Budget Amount *($)*

Amount Requested *$5,000.00 Minimum Required*

Matching Funds *10% Minimum Required*

Total Project Cost *($)*

Are matching funds secured? *Yes or No*

If No, indicate amount of secured matching funds

Source of Secured Matching Funds

Status of Non Secured Matching Funds
(Check all that apply)

☐ Application pending with a state or federal agency
☐ Made request to local government
☐ Application pending with private foundation
☐ Fundraising additional match
☐ Have not yet attempted to secure matching funds

Estimated Start Date if awarded funding *MM/DD/YYYY*
Estimated Completion DateMM/DD/YYYY

Upload Detailed Project Budget Document
Select file (support: pdf, doc, docx, xls, xlsx, pptx, ppt, txt)

Upload Additional Attachment 1 *If Applicable*
Select file (support: pdf, doc, docx, xls, xlsx, pptx, ppt, txt)

Upload Additional Attachment 2 *If Applicable*
Select file (support: pdf, doc, docx, xls, xlsx, pptx, ppt, txt)

Additional Notes
Please feel free to add any additional information that will help us to consider your application.

Signature
By signing this application I hereby certify that I am an authorized representative of the applicant and have the authority to submit this application on its behalf.

Submit