



The City of

Alliance, OHIO, 44601-2415

"The Carnation City"

504 EAST MAIN STREET

Mayor's Office: 330-821-3110
Planning and Development: 330-829-2235
Fax: 330-821-9362

American Rescue Plan Act (ARPA) Funding Grant Application for Non-Profits

DEADLINE: 9/9/2022

Applications must be completed in full to be considered.

GRANT OVERVIEW

This is a grant program not a loan. There are limited funds available for this program. The amount available to each organization is based on the priorities listed in the ARPA guidelines. The grant is designed to assist Nonprofits in their recovery efforts of the COVID-19 pandemic in assisting the community. The Nonprofit must sign a funding agreement with the City of Alliance, Ohio, which will include, but is not limited to, general legal principles, reporting, access to financial records, document retention, and audit provisions if applicable. Upon executed grant agreement with the City of Alliance, the recipient will be provided funding in the amount awarded.

GRANT OVERVIEW HIGHLIGHTS:

All the categories below must respond to the negative economic impact caused by COVID-19.

Categories

Housing

Childcare or After-school care

Homeless Services

Education/Youth Services

Legal Services

Elder Services

Food (Established Program)

Mental Health Disability Services

Medical

Supportive Services for Medical Care

- **Application Deadline: 9/9/2022**
- Grantee will receive 100% disbursement upon execution of the grant agreement.
- Grant review period commences on **9/12/2022** and concludes **10/12/2022**.
- Grant award announcement will be **10/20/2022**, based on Council allocation.
- Grant term: One year from Award Notification.
- The maximum grant awards are \$10,000 per non-profit.
- Grant related questions can be emailed to the Honorable Andrew Grove, groveda@allianceoh.gov
- Eligible expenditure examples:
 - **Employee recruitment and retention**
 - **Services provided to the community in response to COVID-19**
 - **Payroll and quarantine leave expenses**
 - **Personal protective equipment**
 - **COVID-19 test kits**
 - **Cleaning supplies and services**
 - **Capital project to recover from the pandemic/agency match required**
 - **Covid-19 related expenses retroactive to March 3, 2021, with documentation**

For further examples of acceptable expenditures please review the [Coronavirus State & Local Fiscal Recovery Funds: Overview of the Final Rule](#), (US Department of the Treasury).

APPLICATION ELIGIBILITY FOR NONPROFITS

- **Must** be an active Ohio and Internal Revenue Service Nonprofit 501 (c) (3) or 501 (c) (19) to apply.
- **Must** have been in operation for at least the last three years in the city
- **Must** demonstrate a negative economic impact caused by the Covid-19 pandemic.
- **Must** provide direct services to the City of Alliance community.
- **Must not** discriminate based on age, sex, religion, national origin, disability, economic status, or sexual orientation.
- **Must** have at least one (1) brick and mortar physical presence and/or office in the City of Alliance.
- **Must** be current on all financial obligations to the City of Alliance and the State of Ohio (e.g., property taxes if applicable, utility bills, past due bills, etc.).
- **Must** be used by grantee and cannot be used to make additional grants to other organizations.

INELIGIBLE USES FOR NONPROFITS

- Losses that bear no relation or are grossly disproportionate to the type or extent of harm experienced due to the COVID-19 public health emergency.
- Contributions to rainy day funds, financial reserves, pension funds, or similar funds.
- Payment of interest or principal on outstanding debt instruments.
- Inherently religious activities, such as worship, religious instruction, or proselytization and/or those that promote or inhibit religious interest.
- Lobbying, support of candidates for public office, or other political activities.
- Past infrastructure projects that did not comply with Ohio Law regarding the payment of prevailing wage.
- Funding for programs or organizations that do not serve City of Alliance residents.
- Economic hardship incurred outside of the period beginning March 3, 2021 and ending June 30, 2023.
- Expenses reimbursed or eligible for reimbursement through any other contract or agreement with the City, including but not limited to Community Development Block Grant, and CARES Act grants.
- Please be aware that ARPA funds cannot be used for new projects that are unrelated to effects of the Covid-19 pandemic.

PROGRESS REPORTING PROCESS:

- Beneficiaries will be required to complete **quarterly** progress reports until complete expenditure of funds. Reports also need to estimate grant expenditures for the next quarter.
- Failure to provide progress reports and any other requested information pertaining to the funds awarded will result in the recapture of the funds by the City and any other actions deemed appropriate in the City's sole discretion.
- Once all grant funds have been documented through the quarterly progress reports, the grantee will be provided a closeout document to complete and return to the City with the time specified.
- Beneficiaries will be required to maintain documentation of Covid-19 related expenditures for a period of **five (5)** years from grant closeout and may be subject to audit.
- All Applicants must comply with all federal, state, and municipal laws and regulations regarding this application.

GRANT INSTRUCTIONS:

- Download the [pdf form filler](#) application from the City of Alliance website and complete the form.
- Any grant related questions can be emailed to the Honorable Andrew Grove, Grant Coordinator at groveda@allianceoh.gov

GRANT APPLICATION SHOULD BE EMAILED OR HAND DELIVERED TO THE EMAIL ADDRESS GIVEN PRIOR TO THE 9/9/2022, 5:00 PM DEADLINE. APPLICATIONS WILL BE DATE STAMPED UPON RECEIPT OR WITH A RETURN EMAIL NOTIFICATION OF RECEIPT.

ARPA Non-Profit Grant Application

PART I. GENERAL INFORMATION

Name of project/program: _____

Organization Name: _____

Address: _____

Located in Qualified Census Tract (see attached map) _____

Primary Contact Person: _____

Primary Contact Email: _____

Primary Contact Title: _____

Secondary Contact Person: _____

Secondary Contact Email: _____

Secondary Contact Title: _____

Federal Tax Identification Number: _____

Please specify the category of service you are applying for from the list on page one.

Program Category: _____

Specify the number of City residents estimated to be served with the funding: _____

GRANT QUESTIONS:

1. Provide organization mission statement and primary service provided to the community, include proof of non-profit status (5 points)

2. Please identify COVID-19 prevention and mitigation measures incurred from March 3, 2021, with total dollar amounts through this period if applying for funds to recover these expenses. (10 points)

3. Please identify the negative economic impact caused by the Covid-19 pandemic (10 points)

6. If applying for capital project please describe how the plan relates to recovery from the Covid pandemic, the category from the page one list that is applicable, and the source of matching funds. Please refer to the Coronavirus State & Local Fiscal Recovery Funds: Overview of the Final Rule, pp. 30-31 (US Department of the Treasury). (10 points if applicable)
7. The federal ARPA encourages the use of funds that promote strong equitable growth, including racial equity. Please describe how your organization’s planned use of the funds prioritizes economic and racial equity. Name specific goals intended to produce meaningful equity results and articulate the strategies to achieve those goals. Please include information regarding services to Disproportionately Impacted Communities (low-income populations). (10 Points)

ACKNOWLEDGEMENT:

I hereby certify that this application for the City of Alliance ARPA Nonprofit grant is true and accurate to the best of my knowledge.

Nonprofit Director-Signature

Date

Print Name

Exhibits:

Budget Overview/Qualified Census Tract Map

2022 BUDGET OVERVIEW / INCOME AND EXPENSES

ORGANIZATION NAME: _____

REVENUE SOURCE PROJECTION:

SOURCE	ESTIMATED FUNDING FOR THIS PROJECT / PROGRAM
Proposed ARPA Funding	\$
Other Government Grants – list:	\$
	\$
	\$
Donations for Project	\$
Internal / Self-Funding	\$
Other funding – list:	\$
	\$
	\$
TOTAL REVENUE	\$

EXPENSES:

REGULAR OPERATING EXPENSES	PROJECT / PROGRAM BUDGET (PROPOSED)
Salaries / Benefits	\$
Occupancy / Rent	\$
Professional Fees / Contracted Services	\$
Program / Office Materials	\$
Marketing / Printing	\$
Professional Development / Training	\$
Supplies / Materials	\$
Other – List:	\$
	\$
	\$
COVID-19 Related Expenses - (Please List Below)	
COVID Expense #1:	\$
COVID Expense #2:	\$
COVID Expense #3:	\$
TOTAL EXPENSES:	\$

NOTE: REVENUE AND EXPENSES MUST BALANCE

Qualified Census Tract Map (Additional 5 points to non-profits located in this area)

