

ARPA Not-Profit Grant Program sample application - Submit an application online starting May 1st.

Organization Name:

Type of Organization:

Brief description of the organization:

Organization Mailing Address

Organization's Physical Address

Organization Website

Organization FEIN

What is the Agency Unique Entity Identifier (<https://sam.gov/content/home>)

Primary Contact Person

Primary Contact phone number

Primary Contact Email

Authorized representative name Authorized Person Phone Number

Authorized representative email

Fiscal Contact Person

Fiscal Phone number

Fiscal Contact Email

Project Information

Proposed project/program name

Provide a brief summary of the project/program.

Is this a new program?

Is this an expansion of a current program?

- If yes, please describe how the program is different?

Please select which eligible ARPA need the proposed/project will meet?

- Homeless services, Senior services, Food services, Health services

Disability services, Mental health services, Workforce development activities, Other

- If other, please describe

What is the proposed project/program start and end date?

What are the goals for the proposed program/project?

Will you be working with other organizations to implement this program/project?

If yes, who will you be working with and how will they be involved in the proposed project/program?

How does the proposed project/program meet the goals outlined in the City's current [CDBG](#)

[consolidated plan](#) and the current [Community Health Needs Assessment Plan](#)?

Please list all staff members that will be working on the project/program. Please include relevant experience and certifications.

Project/Program Demographics

What is the proposed project/program service area?

What are the census tracts and block groups served by the proposed project/program?

Describe the proposed project beneficiary income and age information.

How will client's race, age, and income data be collected?

What steps will the organization take to ensure that clients served with ARPA funds meet income, residence, and program requirements?

What is the anticipated outcome of the proposed project/program? (How many do you hope to serve, etc.)

Organizational Capacity

What is your organization's history with grant management?

Do you have previous experience with federal grants?

If yes, list any federal grant award (s) for the organization in the previous three years.

How does your organization's accounting system meet the requirements outlined in [2CFR 200.302](#)?

What is the proposed project/program budget? Please indicate an itemized list.

Provide a detailed timeline for the proposed project/program.

Required Attachments

1. SAM.gov Verification
2. Not-for-Profit Determination from the Internal Revenue Service
3. Current Organizational Chart
4. Current Board of Directors (or Equivalent Body) List
5. Current Liability Insurance Certificate
6. Chart of Accounts
7. Current Audit or Financial Statement (If no audit is required.)
8. Financial Internal Control Procedures
9. Job Descriptions for All Positions Assigned to the Project/Program
10. Conflict of Interest Policy
11. Drug-Free Workplace Policy
12. Grievance and Termination Policy (Organization Staff and Clients)
13. Non-Discrimination Policy
14. Procurement Policy
15. Record Retention Policy
16. Programmatic Risk Assessment
17. Governing Body Authorization to Submit Funding Request

Signature and Verification

By submitting this application, I affirm that the information provided is true and complete. I understand that my organization is not guaranteed funding. I understand that funding for this project or program if approved, must meet the requirements outlined in [31 CFR Part 35](#)

It is the policy of the City of Bloomington to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.