

Coronavirus-State and Local Fiscal Recovery Funds Under the American Rescue Plan Act Hendricks County Subrecipient Application - Comp

DEADLINE: August 31 2022 at 03:00 PM EDT

Introduction - ARPA Hendricks County

This form must be completed by the applicant. All information will be reviewed by the HCCF Program Committee, the Hendricks County ARPA Steering Committee, the County Commissioners and the County Council.

All grants are subject to final approval by the Hendricks County Board of Commissioners.

Additional information may be requested and any meetings regarding the application must be attended by the applicant or an authorized representative.

Applicant Contact Information

Please provide the following information for the person responsible for answering any questions regarding the application.

Name *

Title *

Phone (The best number to reach you between 8am and 4:30pm) *

Email *

Organization Information

Many foundations (including HCCF), donors and donor-advised funds, use Guidestar to help with their due diligence. We highly encourage all applicants to keep their Guidestar profiles as up-to-date and detailed as possible.

Learn more here: <https://help.guidestar.org/en/articles/3382584-how-to-claim-your-nonprofit-profile>

Organization Name *

Please enter your Employer Identification Number (EIN) for HCCF reference. *

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<https://help.guidestar.org/en/articles/3382584-how-to-claim-your-nonprofit-profile>

Are you registered in SAM.gov? *

Yes

No

Organization Website *

Mailing Address *

City *

State *

Zip *

Organizational Finances

Attach, in PDF format, your organization's most recent year's financial report including budget to actuals. *

Select File

No file selected

Maximum File Size: 10MB , Accepted file types:

.pdf

No file attached

What, if anything, should the reviewers know about the attached financial statement? *

Min words required: 0 |

Max Number of Words: 300

Who is/are the authorized signatory(s) for your organization? *

Please describe the value your organization places on inclusivity, diversity, equity, and accessibility? How do your Board and staff reflect that value? *

used in the evaluation of the application. We are trying to better understand where our nonprofits'

Request Information

Request Title *

Request Description

*Provide a description for the project between 50-250 words. Each description should be 3-5 sentences with an overview of the project, which includes a description of the project's purpose, the population being served, the desired outcomes and how the outcome is being measured. **

Min words required: 50 |

Max Number of Words: 250

Request Website (if different than your organization's website)

Request Start Date *

Clear

Request End Date

NOTE: Use the same date as Request Start Date if the project/program will be completed in one day. Use the same date plus one year if the project/program is ongoing. *

Clear

Request Budget

Please attach, in PDF format, a budget for this request that reflects expected income and expenses.

[HCCF - ARPA Budget Template *](#)

Select File

No file selected

Maximum File Size: 10MB , Accepted file types:

.pdf

No file attached

Requested Funding Amount

How much are you requesting for funding from the Hendricks County ARPA allocation? *

\$.

Please provide a narrative response to the following questions.

Please describe the need in our community that your request, if funded, would help alleviate. If you are successful, how will our community be better off? *

Min words required: 0 |

Max Number of Words: 300

Please describe the collaborative nature of this request. Are you working with other agencies? Does the request utilize volunteers? Who else is funding this request? *

Min words required: 0 |

Max Number of Words: 300

Please describe how you plan to measure your success. What does success look like? What tools/processes will be used to measure that success? *

Min words required: 0 |

Max Number of Words: 300

Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced. *

Min words required: 50 |

Max Number of Words: 250

Brief description of your approach to ensuring that the project is reasonable and proportional to a public health or negative economic impact of COVID-19. *

Min words required: 50 |

Max Number of Words: 250

What else should the reviewers know about your organization or this request? *

Min words required: 0 |

Max Number of Words: 300

Attachments

Please use this section to attach additional and necessary information regarding this request.

Attachment 1

Select File

No file selected

Maximum File Size: 10MB

No file attached

Attachment 2

Select File

No file selected

Maximum File Size: 10MB

No file attached

Attachment 3

Select File

No file selected

Maximum File Size: 10MB

No file attached

Application Approval

This application must be approved by the Executive Director of the applicant organization. If you are the Executive Director, please complete the approval below. If your organization does not have paid staff, please have the Board President complete this approval.

Executive Director's First Name *

Executive Director's Last Name *

Executive Director's Email Address *

Executive Director's Phone Number

Submission

If you have any questions, please contact Eric Hessel at the Hendricks County Community Foundation at eric@hendrickscountycf.org or 317.268.6240. Please note that the Community Foundation's hours are Monday through Friday 8am - 4:30pm. There is no guarantee to reach someone outside of those hours.

Thank you for the work you are doing in Hendricks County and for submitting this application for Coronavirus-State and Local Fiscal Recovery Funds Under the American Rescue Plan Act. We look forward to reviewing your application!

Important. Please read.

Under the guidelines of the American Rescue Plan Act (ARPA), this program is intended to provide support to State, territorial, local, and tribal governments in responding to the economic and public health impacts of COVID-19 and in their efforts to contain impacts on their communities, residents, and businesses. The county, as a qualified recipient under the SLFRF program is the eligible entity identified in sections 602 and 603 of the Social Security Act as added by section 9901 of the American Rescue Plan Act of 2021 (the SLFRF statute) that received a SLFRF award and is accountable to Treasury for oversight of their subrecipients, including ensuring their subrecipients comply with the SLFRF statute, SLFRF Award Terms and Conditions, Treasury's Interim Final Rule, and reporting requirements, as applicable.

If funding is awarded to you, as a subrecipient, you will be required to comply with any and all compliance requirements for use of SLBFRF funds; and any and all reporting requirements for expenditures of SLFRF funds. These requirements are subject to change and are up to the discretion of the Treasury.

Eligible costs, include but are not limited in all cases, to those incurred during the period that began March 3, 2021 and ends December 31, 2024, must be expended by December 31, 2026. Any funds not obligated or expended for eligible uses by the timelines above must be returned to Treasury, including any unobligated or unexpended funds that have been provided to subrecipients and contractors.

Any unit that fails to comply with the provisions of the ARPA shall be required to repay an amount equal to the amount of funds used in the violation of the ARPA.