

Town of Lovettsville

ARPA Non-Profit Application Due Wednesday Sept 15, 2021

The total Round 1 allocation pool amount is \$25,000.

This application form acknowledges grant amount to subrecipient and will be a matter of public record. Applicants that can verify that they meet the grant criteria will be placed into a pool for final consideration as a part of the \$25,000 Round 1 amount. The amount received by a business will be calculated based on a weighted formula and cannot exceed losses related to COVID-19. The ARPA funds are not matching grants to state or other local funding. The Town is to report the financial data to the Treasury and therefore, will consider local economic conditions and business data found in this application to provide funding to sub-recipients. **Calculation of lost revenue begins with the recipient's revenue in the last full fiscal year (FY2020) prior to the COVID-19 public health emergency and includes the 12-month period ending December 31, 2020, use of funds for government services must be forward looking for costs incurred by the recipient after March 3, 2021.**

Assistance to non-profits includes:

- Grants to mitigate financial hardship such as declines in revenues or impacts of periods of business closure, for example by supporting payroll and benefits costs, costs to retain employees, mortgage, rent, or utilities costs, and other operating costs.
- Grants, to implement COVID-19 prevention or mitigation tactics, such as physical plant changes to enable social distancing, enhanced cleaning efforts, barriers or partitions, or COVID-19 vaccination, testing, or contact tracing programs; and
- Grants, for providing technical assistance, counseling, or other services to assist with business planning need

For eligibility the applicant must describe how funds are being used to respond to negative economic impacts of the COVID-19 public health emergency. In addition, the applicant must describe how funds are being used to provide services to communities disproportionately impacted by the COVID-19 public health emergency.

*The information provided is in conformance with the standards of the ARPA and the U.S. Treasury Interim Final Rule guidelines. The full criteria may change due to Town Council policy decisions regarding ARPA allocations.

Please print out this application and complete all fields below. Return it to the Town office by Close of Business Wednesday, September 15, 2021.

Town of Lovettsville

Organization Name

Organization Name (Legal Name, if Different)

Primary Organization Address

Street Address

City State Postal / Zip Code

Phone number with area code

Authorizing Official Contact Information

Name Title

Phone Number Email Address

Application Contact Person (if different)

Name Title

Phone Number Email Address

Please provide a sentence or two with the overview of your request.

Please select the food-related expenses for which you are seeking funds:

- Food
- Boxes
- Packing material for transporting food boxes
- Necessary expenses for food items (such as cooler, freezer, etc.).
- Gas for food delivery
- Other (Please explain)

Town of Lovettsville

In what ways have you decreased or suspended your services?

- Decreased number of clients served
- Decreased operating hours
- Decreased staffing
- Changed delivery model (for example moved to e-meetings instead of in person)
- Suspended services or programs
- Other (Please explain) _____

Provide a written description of service modifications or suspensions and their impact to your budget:

In what ways have you expanded your service?

- Increased number of clients served
- Increased operating hours
- Increased staffing
- Added (complementary services where appropriate)
- Other (Please explain) _____

Please provide a written description of service modifications or suspensions and their impact to your budget:

Number of Town of Lovettsville residents served specifically within the area of services to be funded after March 3, 2021.

Town of Lovettsville

Has your organization applied for or received COVID19-related funding for any expenses? If yes, please select the funding source(s) from the list below and indicate the amount.

- Yes
 No

	Awarded	Pending	Amount
CDBG (CARES)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
PPP	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Loudoun Economic Development Small Business	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Loudoun Food Assistance	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Community Foundation (NoVa)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
100 Women Strong	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
CARES funding through County	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Other (explain) _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

ARPA Funding Requested \$ _____

Itemized Spending Plan (Food Assistance)

Please provide a written spending plan that includes a monthly breakdown of all expenses for which you are requesting funds.

	Food Boxes	Packing	Equipment Supplies	Gas for Coolers, Freezers	Other Food Deliveries	Must Explain
March Actual	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
April Actual	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
May Actual	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
June Actual	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
July	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
August	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
September	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
October	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
November	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Town of Lovettsville

December \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Please provide a written spending plan that includes a monthly break down of all expenses for which you are requesting funds.

	Operating	Salaries	Supplies	Equipment	Travel	Other Must Explain
March Actual	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
April Actual	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
May Actual	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
June Actual	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
July	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
August	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
September	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
October	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
November	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
December	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Please describe the services for which you are requesting funding. If you are requesting operating expenses, please describe the services or departments associated with those expenses.

Number of employees on your payroll

2019	Full Time	Part Time
July 1	_____	_____
2020		
December 31	_____	_____

Required Documentation

You must provide information for each item below. If you are unable to provide one of the documents below, please provide a document explaining why you cannot provide the information.

Town of Lovettsville

1. **Valid IRS 501c3 designated letter**
2. **Complete IRS 990 Forms for 2018, 2019, and 2020**
3. **Organization's monthly financial statements**

Please submit one application per business; if you own multiple businesses in the Town of Lovettsville.

If you have any questions, please feel free to give the Town Manager a call at 540-822-5788.