

# Town of Lovettsville

## Round 2 ARPA Non-Profit Grant Application

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 distribution of up to \$20,000 in total grant funding.

The amount awarded to an organization 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 will be based on comparison of 2019 and 2021 federally reported gross revenues. Further, the organization must be in good standing with the Town.

Grant funding is to be awarded to non-profit organizations based on the following purposes:

- 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.
- Implement COVID-19 or future pandemic prevention or mitigation tactics, such as physical plant changes to enable social distancing, enhanced cleaning efforts, barriers or partitions, or vaccination, testing, or contact tracing programs.
- Providing technical assistance, counseling, or other services to assist with business planning needs.

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. Please print out this application and complete all fields.

**Applications are due to Town Hall by Friday, December 30, 2022.**

*\*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.*

# Town of Lovettsville

**Organization Name**

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**Organization Name** (Legal Name, if Different)

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**Primary Organization Address**

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal / Zip 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 summary of your needs as well as details about your impact within the community.**

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# Town of Lovettsville

**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) \_\_\_\_\_

**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:**

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**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) \_\_\_\_\_

# Town of Lovettsville

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

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Please describe programs your organization runs, and how many residents will be served.

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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) _____			\$ _____

ARPA Funding Requested \$ \_\_\_\_\_

# Town of Lovettsville

**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
December	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
January	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
February	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
March	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
April	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
May	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
June	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
July	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
August	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
September	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
October	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
November	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**Spending Plan**

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
December	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
January	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
February	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
March	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
April	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
May	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
June	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
July	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
August	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
September	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
October	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
November	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

# Town of Lovettsville

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.

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Number of employees on your payroll as of December 31<sup>st</sup> of respective years:

	Full Time	Part Time
2019	_____	_____
2021	_____	_____

## **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. Gross Revenue for 2019, 2020, and 2021 will be verified by staff upon submission. We will not retain these records.

- 1. Valid IRS non-profit designation letter (501c3, 501c19, etc.)**
- 2. Complete IRS 990 Forms for 2019, 2020, and 2021**
- 3. Organization's monthly financial statements (Expenses and Revenues)**

If you have any questions, please feel free to contact Lizzy Fontaine, Town Clerk at (540) 755-3001 or [clerk@lovettsvilleva.gov](mailto:clerk@lovettsvilleva.gov).

