Application for ARPA Grants 2024 ⅋

By completing this form, you agree to provide accurate and truthful information to the best of your knowledge.

Additionally, you agree to adhere to federal competitive procurement thresholds, return any unused funds, and comply with all applicable terms and conditions.

Please understand that submission of this form does not guarantee receipt of a grant. We appreciate your interest and look forward to reviewing your application.

Please be careful when filling out the form as you will have to submit a new one incase of any changes or errors.

* Required

Organization Information

1

Organization Name *

2

Organization Type *
What type of organization does your organization fall under?

○ Nonprofit: a legal entity that operates for a social, public, or collective benefit

○ Government: a body that is closely affiliated with state and local governments, usually by government ownership or control

○ Quasi Government Entity: a hybrid organization that has legal characteristics of both the government and private sectors

○ For Profit Small Business: a for-profit company with 50 or fewer employees, a nonprofit organization, or an independent inventor.

○ For Profit Medium Business: a for-profit company with 50 - 249 employees, a nonprofit organization, or an independent inventor.

○ For Profit Large Business: a for-profit company with 250 or more employees, a nonprofit organization, or an independent inventor.

○ Other

3

Organization Address *
Location in which physical services will be provided.

4

Which district will your services primarily be taking place in? *
Please note, you can select as many Districts as you are serving.

☐ District 1

☐ District 2

☐ District 3

5

Organization Description *
Please provide key details about your organization and the types of services you provide.

Please keep this to a **maximum of 150 words.**

6

Do you have a [SAM.gov](SAM.gov) Entity ID? *
A System for Award Management ID - otherwise known as a SAM ID - is an organizations Unique Entity Identifier (UEI). Your organization should have a UEI if you have previously received federal dollars.

If your organization does not have a SAMs ID, you must apply for one should you receive ARPA funds from the County and will need to renew yearly.

○ Yes

○ No

7

What is your SAM.gov Entity ID? *

The Unique Entity ID is a 12-character alphanumeric ID assigned to an entity by SAM.gov. As of April 4, 2022, the federal government changed DUNS Number to the Unique Entity ID.

8

Primary Contact Name *

9

Primary Contact Email *

10

Primary Contact Phone Number *

11

Secondary Contact Name *

12

Secondary Contact Email *

13

Secondary Contact Phone Number *

14

Has your organization received any federal awards in the last 5 years? *

A federal award refers to financial assistance provided by a federal agency to a recipient for specific activities or projects.

○ Yes

○ No

15

If yes, please identify the federal funds your organization has received in the last year *

Please mention the grant and granting agency. For example NTIA RDOF, USDA Ag-Loan, etc.

16

Has your organization been audited within the last fiscal year? *

Please indicate whether your organization has undergone a **financial audit** within the last fiscal year. An audit typically involves a systematic review of financial records and procedures to ensure accuracy, compliance, and accountability.

○ Yes

○ No

17

Are there any audits, reports, or communications to you from any federal monitoring agency? *

Indicate whether there have been any audits, reports, or communications received from federal monitoring agencies. This information helps us understand your organization's compliance history and familiarity with federal guidelines.

18

Project Name *

19

Project Description *

Please provide a description of the project for which you are requesting funding.

Please keep this to **maximum of 150 words.**

20

What is the anticipated completion date of your project? *

○ July - December 2024

○ January - June 2025

○ July - December 2025

○ January - June 2026

○ July - December 2026

21

Out of the options below, what is the most suitable category for your project? *

Please select the category that best aligns with your project from the options provided below. This helps the assessment team better understand the nature and focus of your project for proper evaluation and categorization.

○ Mental/ Behavioral Health

○ Rehabilitation Assistance

○ Food Assistance

○ Addressing Educational Disparities

○ Housing

○ Economic Development

22

To the best of your knowledge, what Expenditure Category (E.C.) do you believe your project falls under? *

Expenditure category refers to the classification or grouping of project expenses based on their nature or purpose.

Please choose your E.C. carefully - Project eligibility assessments are tied to these codes.

○ EC 1.11: Community Violence Interventions

○ EC 1.12: Mental Health Services

○ EC 1.13: Substance Use Services

○ EC 2.01: Household Assistance: Food Programs

○ EC 2.02: Household Assistance: Rent, Mortgage, and Utility Aid

○ EC 2.14: Healthy Childhood Environments: Early Learning

○ EC 2.15: Long-term Housing Security: Affordable Housing

○ EC 2.16: Long-term Housing Security: Services for Unhoused Persons

○ EC 2.17: Housing Support: Housing Vouchers and Relocation Assistance for Disproportionately Impacted Communities

○ EC 2.18: Housing Support: Other Housing Assistance

○ EC 2.22: Strong Healthy Communities: Neighborhood Features that Promote Health and Safety

○ EC 2.24: Addressing Educational Disparities: Aid to High-Poverty Districts

○ EC 2.25: Addressing Educational Disparities: Academic, Social, and Emotional Services

○ EC 2.26: Addressing Educational Disparities: Mental Health Services

○ EC 2.27: Addressing Impacts of Lost Instructional Time

○ EC 2.34: Assistance to Impacted Nonprofit Organizations (Impacted or Disproportionately Impacted)

23

Based on the E.C Code you've chosen, it is necessary to submit a designated sum for Evidence-Based Intervention. Kindly specify the amount you intend to allocate for this purpose. *

Please note this value can be $0.00

The value must be a number

24

Why do you believe your project falls under this E.C Category? *

Please provide a brief explanation of why you believe your project fits within the selected expenditure category. This helps the assessment team ensure accurate categorization and alignment of project expenses with the designated budget categories.

25

You will be required to track this program. Do you have any established tracking methods in place? *

Please indicate whether you have tracking methods in place for this program. Tracking methods are essential for monitoring progress, evaluating performance, and ensuring accountability.

○ Yes

○ No

26

Is this an existing program? *

These dollars cannot be used for supplanting and must be for net new work that is made possible solely due to this funding.

○ Yes

○ No

27

What is the overall budget for this project? *

Please provide the total budget allocated for this project. The overall budget should encompass all anticipated expenses, including personnel costs, supplies, equipment, services, and any other associated expenditures. This information helps the assessment team in understand the scope and financial requirements of your project.

The value must be a number

28

Are you requesting funding in full for this project? *

Is this project going to be covered by ARPA SLFRF funding entirely?

○ Yes

○ No

29

Is this project receiving any other funding? *

Apart from ARPA funding, are you receiving any other grants for this particular project?

○ Yes

○ No

30

How much funding from the County is being requested for this project? *

Please specify the amount of funding requested from the County for this project. This should reflect the portion of the total project budget that you are seeking to be funded by the County.

The value must be a number

31

Do you have a budget for the funds requested? *

Please mark yes only if you have a specific idea on where you would like to spend the funds.

○ Yes

○ No

32

How much do you intend to spend on Personnel Salaries and Wages? *

Please provide your answer in dollars ($).

Please note this can be $0.00

[   ]

The value must be a number

33

How much do you intend to spend on Personnel Fringe Benefits? *

Please provide your answer in dollars ($).

Please note this can be $0.00

[   ]

The value must be a number

34

How much do you intend to spend on Supplies? *

Please provide your answer in dollars ($).

Please note this can be $0.00

[   ]

The value must be a number

35

How much do you intend to spend on Advertising and Outreach? *

Please provide your answer in dollars ($).

Please note this can be $0.00

[   ]

The value must be a number

36

How much do you intend to spend on Rent? *

Please provide your answer in dollars ($).

Please note this can be $0.00

[   ]

The value must be a number

37

How much do you intend to spend on Maintenance and Repairs? *

Please provide your answer in dollars ($).

Please note this can be $0.00

[   ]

The value must be a number

38

How much do you intend to spend on Services for Removing Barriers to Participation? *

Please provide your answer in dollars ($).

Please note this can be $0.00

[   ]

The value must be a number

39

How much do you intend to spend on Services for Assistance to Nonprofits? *

Please provide your answer in dollars ($).

Please note this can be $0.00

[   ]

The value must be a number

40

How much do you intend to spend on Services for Administrative Cost? *

Please provide your answer in dollars ($).

Please note this can be $0.00

Please note this amount cannot exceed 10% of your budget

[   ]

The value must be a number

41

How much do you intend to spend on Equipment (Over $5,000)? *

Please provide your answer in dollars ($).

Please note this can be $0.00

The value must be a number

42

How much do you intend to spend on Capital Purchases? *

Please provide your answer in dollars ($).

Please note this can be $0.00

The value must be a number

43

Please provide a narrative for the budget provided above *

Describe why this specific budget amount is appropriate for the project, detailing how the allocated funds will be utilized to achieve project goals and objectives. Additionally, include how you will ensure judicious spending of the allocated budget, outlining any strategies or measures you plan to implement to maximize the efficiency and effectiveness of resource utilization.

Please keep this to a **maximum of 150 words.**

44

Do you anticipate generating any program income? *

Please indicate whether you anticipate generating any program income as a result of this project. Program income refers to funds generated directly from project activities, such as fees, sales, or royalties.

○ Yes

○ No

45

Is this an infrastructure improvement or development project? *

Infrastructure projects typically involve the construction, renovation, or enhancement of physical assets such as roads, bridges, utilities, or buildings.

○ Yes

○ No

46

Please select the disproportionately impacted community that your project will serve.

Disproportionately impacted community refers to a demographic or geographic area that has been significantly and unfairly affected by the public health and economic consequences of the pandemic compared to other communities.
*

Choose the option that you primarily serve.

○ Low-income households and populations

○ Households and populations residing in Qualified Census Tracts (QCT)

○ Households that qualify for certain federal programs

○ Households receiving services provided by Tribal governments

○ Households residing in the U.S. territories or receiving services from these governments

○ For services to address educational disparities, Title I eligible schools

○ Other households or populations that experienced a disproportionate negative economic impact of the pandemic other than those listed above

○ Non-profits operating in Qualified Census Tracts

○ Non-profits operated by Tribal governments or on Tribal lands

○ Non-profits operating in the U.S. territories

○ Other non-profits disproportionately impacted by the pandemic

Which Qualified Census Tract (QTC) Code does your project serve?

Please find the map of Oklahoma County below with the QCT locations highlighted in purple. *

Please indicate which QCT Code your project will serve. You may select multiple options.
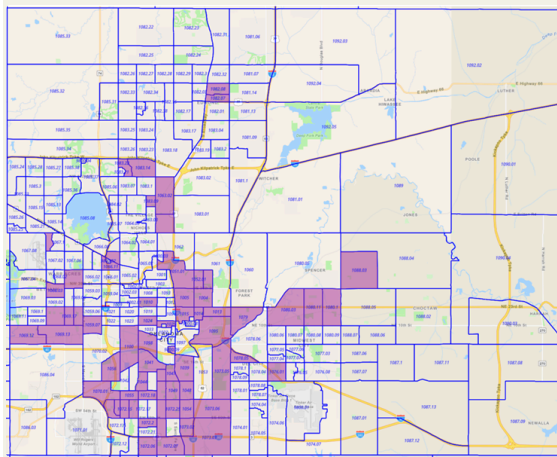
- [ ] 1004.00
- [ ] 1005.00
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- [ ] 1052.01
- [ ] 1052.02
- [ ] 1054.00
- [ ] 1055.00
- [ ] 1056.00
- [ ] 1059.07
- [ ] 1063.01
- [ ] 1063.02
- [ ] 1066.10
- [ ] 1066.11
- [ ] 1067.09
- [ ] 1068.03
- [ ] 1068.04
- [ ] 1069.12
- [ ] 1069.13
- [ ] 1069.14
- [ ] 1069.16
- [ ] 1069.17
- [ ] 1070.01
- [ ] 1071.03
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- [ ] 1072.18
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- [ ] 1072.23
- [ ] 1072.25
- [ ] 1073.02
- [ ] 1073.03
- [ ] 1073.05
- [ ] 1073.06
- [ ] 1076.01
- [ ] 1078.05
- [ ] 1079.00
- [ ] 1080.03
- [ ] 1080.10
- [ ] 1080.11
- [ ] 1082.07
- [ ] 1082.08
- [ ] 1083.09
- [ ] 1083.14
- [ ] 1083.22
- [ ] 1088.03
- [ ] 1095.00
- [ ] 1098.00
- [ ] 1100.00
- [ ] 9800.09

48

How will you ensure that the people of the particular QCT Code will benefit? *

Please provide details on targeted outreach, inclusionary practices, or specific program components designed to benefit residents within the identified QCT Code.

49

Is your organization located in the same QCT Code? *

Please indicate whether your organization also operates in the same QCT Code

- ( ) Yes
- ( ) No

50

Do you have a conflict of interest policy? *

A conflict of interest policy outlines guidelines and procedures for identifying, managing, and disclosing potential conflicts of interest among board members, staff, and stakeholders involved in decision-making processes.

○ Yes

○ No

51

Will you be using subcontractors in this project? *

Please indicate whether subcontractors will be utilized for this project. Subcontractors are external parties contracted to perform specific tasks or services as part of the project.

○ Yes

○ No

52

How will you be ensuring none of your subcontractors are debarred? *

Please describe the measures you will implement to ensure that none of your subcontractors are debarred. Debarment refers to the exclusion of individuals or entities from participating in federal contracts, grants, or other assistance programs due to past misconduct or non-compliance. Ensuring that subcontractors are not debarred helps maintain program integrity and compliance with federal regulations.

[   ]

53

Do you have a marketing and outreach plan for this project? *

This relates to how your organization conducts outreach and issues communication to specific/ intended groups.

○ Yes

○ No

54

Do you have any anti-bias procedures in place? *

This relates to how your organization ensures there is no bias exhibited by administrators of your program.

○ Yes

○ No

55

Do you have any procedures in place to ensure you do not encounter any unallowable costs? *

Unallowable costs are expenses that cannot be charged to a project or grant due to federal regulations, program guidelines, or specific terms and conditions.

○ Yes

○ No

56

Do you anticipate any economic opportunities from your project? *

Economic opportunities may include job creation, business development, increased local spending, or other positive economic impacts.

○ Yes

○ No

57

If yes, what are the economic opportunities that your project will provide? *

[   ]

58

How will your organization carry on this program post ARPA funding? *

Please indicate your plan for sustaining your program beyond the duration of the funding period. Sustaining a program involves ensuring its continued operation, impact, and effectiveness even after initial funding ends. This may include strategies such as securing alternative funding sources, developing partnerships or collaborations, establishing revenue-generating activities, or integrating the program into existing organizational structures.

☐ Program Income

☐ Further County Funding

☐ Federal Funding

☐ Private Donors

☐ Not Applicable

☐ Other

59

Do you have a former application you wish to withdraw? *

Have you submitted an application in the last round of funding that you no longer want to be considered?

○ Yes

○ No

60

Please provide your Organization Name, Project Name and Amount Requested below in order for us to identify this project *

This will help us identify and withdraw that application.

61

Depending on individual project scenario and related risk assessment, do you agree to be reimbursed, if necessary? *

This will be based on a risk assessment conducted and some recipients will be reimbursed, not paid upfront.

○ I agree

○ I disagree

62

If you have submitted other applications, is this project the first preference? *

Please only mark "Yes" if this is the project you would like to prioritize over other projects.

○ Yes

○ No

○ N/A