

# **Town of Wallingford American Rescue Plan Act (ARPA) Grant Program for Nonprofits**

**The Town of Wallingford recognizes the important role Wallingford nonprofit organizations have in making our town a great place to live. Nonprofits are best suited to provide programs that directly target those in our community who were disproportionately impacted by the pandemic. ARPA permits funding nonprofits in order to assist communities in the recovery and to assist the nonprofit in its own recovery. The Town of Wallingford offers this grant program to nonprofits in recognition of their dedication to the community and their ability to most effectively provide programs to those in need.**

The grant funding may be used for programs that provide direct aid to Wallingford households, employment programs, mental health/substance abuse programs, food/shelter insecurity assistance and other programs targeted to those disproportionately impacted by the pandemic. The Town of Wallingford also recognizes that many nonprofits suffered a negative economic impact and need assistance in recovering. In order to assist in the recovery, the nonprofit may seek funds to help them do so.

## Eligibility Requirements

1. Nonprofits must have 501(c)(3) approval from the IRS.
2. Nonprofits must provide services to the Town of Wallingford residents.
3. Nonprofits must have offered services to residents in January, 2019 and must be presently providing those services.
4. Nonprofits that have suffered a negative impact may apply for a grant to assist in its recovery provided:
  - (a) It demonstrates the negative economic impact suffered as a result of the pandemic from March, 2020 forward;
  - (b) It demonstrates how the funds will be used to offset the negative economic impact and assist in its recovery;
  - (c) Demonstrate that the funds address a negative economic impact not already addressed by other federal/state/local financial assistance programs received by the nonprofit.

5. Nonprofits may apply for a grant to fund programs benefiting Wallingford households disproportionately impacted by the pandemic. A non-exclusive list of programs include aid to households, food/shelter insecurity programs, employment programs or mental health/substance abuse programs. Such programs must:
  - (a) Serve Wallingford residents;
  - (b) Reach households in Wallingford that have been disproportionately impacted or local, small businesses that have suffered a negative economic impact;
  - (c) Demonstrate that the program can be solely funded with the grant or demonstrate that the organization has sufficient additional funding to run the program;
  - (d) Demonstrate that grant funding will be spent by October 31, 2024.

Grant Conditions

1. Funds shall not be used for reserves or debt service payments.
2. All grants will require an agreement between the Town and the grantee. Grantee will comply with all terms of the grant. Failure to comply with the requirements will be cause for the repayment of the funds to the Town.
3. GRANT APPLICATIONS SUBMITTED AFTER THE DEADLINE WILL NOT BE CONSIDERED.

**TOWN OF WALLINGFORD  
ARPA GRANT ASSISTANCE PROGRAM  
NONPROFIT APPLICATION**

<b>Name of Organization:</b>		
<b>Brief Description of the mission of the organization:</b>		
<b>Federal Employer Identification Number (EIN):</b>		
<b>Organization Street Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Contact Name and Title:</b>	<b>Contact Phone:</b>	
<b>Contact Email Address:</b>		

**A. Assistance for Negative Economic Impact to Organization**

<b>Provide a written statement describing the negative impact of the COVID-19 public health emergency to your nonprofit and identify how the grant request addresses the negative impact.</b>
<b>Describe how you will use the funds to counter the negative impact and assist you in remaining sustainable in the future.</b>

**Provide Budget Details for intended use of the funds.**

**Indicate whether the project is ready to start and, if not, describe the remaining steps needed to be completed before the project can begin.**

**Funding Request:**

**Total Cost of Project:**

## **B. Nonprofit Program Proposal**

**Funding Request:**

**Total Cost of Project:**

**Program Details: Provide program details and include description of the needs of impacted and disproportionately impacted households and how the Program will benefit those households.**

**Population served: Please describe the Wallingford populations to be served including an approximate number of households anticipated to benefit from the Program.**

**Program Goals/Outcomes:** Describe program goals and expected outcomes as well as how you will monitor program progress.

**Outreach:** Outline how you will reach out to the targeted population regarding the Program and how you will recruit their participation.

**Budget/Justification:** Please include a breakout of how the requested funding will be used and the total budget detailed for the Program. If funds beyond the grant are needed, specify the amount and source of the other funds.

**Timeline:** Please include a projected timeline for the Program, and a completion date for the Program (or the complete expenditure of grant funds).

**Partnering Organizations:** Please list any organizations with whom you will partner in this Program and describe their participation and financial contribution to the Program.

**Has your organization applied and/or received ARPA or any other government COVID relief funding? If so, please provide details and explain how those funds were used. (Duplication of funding is not permitted.)**

**Is the organization in good standing with the Internal Revenue Service, State of Connecticut, and Town of Wallingford?**

**Financial Review by Consultant** Applicant will be required to provide Town's consultant with the following:

- Applicant's IRS 501(c)3 determination letter
- Applicant's most recent audited financial statement
- Applicant's IRS Form 990 for 2019, 2020 and 2021, if required to file one.
- Any other financial information requested by consultant.
- Documentation to support funding request.

**Affirmations and Acknowledgements**

Submission of a request that meets the requirements of this form, as well as any subsequent requirements, does not guarantee the award of ARPA funding and/or the support of the Town of Wallingford.

This application, any information submitted in support thereof and any award and agreement are public documents subject to the Freedom of Information Act.

The Town of Wallingford is relying on the accuracy of the application and all representations made by the Applicant. The Town may request additional information, financial or otherwise, in considering and approving any application.

Applicant must be able to comply with federal reporting guidelines. Periodic project reports will be required. By applying for this grant, the applicant is representing that it will comply with all applicable reporting requirements.

By checking "Yes", you affirm and acknowledge that you have read and understand the above statements.

Yes  No

**Applicant Certification**

THE UNDERSIGNED CERTIFIES THAT:

- a. The information contained in this document is true, complete and accurate;
- b. The applicant agrees that all funds provided by the Town will be utilized solely for the purposes set forth in this Application and approved by the Town.
- c. The applicant shall comply with the terms and conditions set forth in the Formal Award Agreement; and
- d. Sufficient funds are available from non-ARPA sources to complete the program by \_\_\_\_\_, if ARPA funds are allocated to the applicant.

\_\_\_\_\_  
**Signature of Authorized Applicant Representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name and Title**