

BROWN COUNTY, WISCONSIN **AMERICAN RESCUE PLAN ACT (ARPA)** **NON-PROFIT GRANT APPLICATION**

PROGRAM OVERVIEW

The American Rescue Plan Act (ARPA) was signed into law in March 2021. The rescue act is one of the largest economic relief programs in U.S. history. Brown County must determine the best use of pandemic relief provisions designed to help non-profit organizations and the people they serve to respond and recover from the COVID-19 pandemic.

In addition to the \$1,000,000 allocated to local nonprofit grants in 2022, Brown County has approved up to \$1,000,000 in 2023 for local nonprofit organizations which provide services to Brown County residents. Grant funds may be distributed in phases. The grants are a one-time funding source and should not be used to replace ongoing operational budgets. The grants should not be used for expenses already covered through other federal, state or local assistance programs, and all grant awards will require reporting. Organizations may submit more than one application if they have different activities that are each eligible for funding. The maximum award amount is \$100,000 total per organization.

Up to \$100,000 of the allotted funds may be set aside for distribution to applicants with less than \$250,000 annual operating budget that also meet all other application criteria. The maximum award amount for applicants meeting this criterion is \$25,000 per organization.

PROGRAM ELIGIBILITY

Any nonprofit support organization, agency, association, or program may be eligible to apply. The nonprofit must serve Brown County residents or businesses and must be in good standing with the Wisconsin Secretary of State and Attorney General's Office, if required by law to be registered.

ELIGIBLE ACTIVITIES:

The proposed activities must relate to one of these broad categories:

- Supporting the public health response to the pandemic, including:
 - Mental health treatment
 - Substance misuse treatment
 - Crisis intervention
 - Services or outreach to promote access to health and social services
 - Hotlines or warmlines for information and referral to services
- Addressing the negative economic impacts caused by the public health emergency, including:
 - Food assistance
 - Rent, mortgage, and utility aid
 - Eviction prevention
 - Job training assistance
- Serving the hardest-hit communities and families, including:
 - Creating new or expanded high quality childcare
 - Home visiting programs for families with young children
 - Lead remediation

Although organizations that also provide benefits outside of Brown County are encouraged to apply, only activities within Brown County are eligible for reimbursement under this program.

SCORING CRITERIA

The following criteria will be used by Brown County to score complete applications:

- Project Overview 30% - Overall scope of the project and desired outcome.
- Project Impact 30% - Benefit to the targeted population.
- Project Monitoring 20% - Plans to meet program requirements.
- Financial Management & Controls 20% - Explanation of accounting and reporting.

* To encourage participation among small, local, nonprofit organizations, submissions of eligible applicants with an average annual operating budget of less than \$1,000,000 (as shown on submitted documentation) will be scored according to the criteria above, then the project's score will receive a 5% positive adjustment.

CONTRACTUAL AGREEMENT

Approved applicants will be required to enter into a contractual agreement with Brown County. Contracts will outline the ARPA grant requirements, allowable costs and reporting requirements. Grant recipients must comply with all terms and conditions.

PROGRAM REPORTING

Organizations must be prepared to report demographic information of the individuals or households served including race, ethnicity, gender, and income.

Reporting requirements may vary by the applicant's proposal. Examples include:

- If providing direct household assistance or support, additional information is required including the number of people or households served, and the number of units preserved or developed.
- If providing childcare support or home visiting services, the number of children and number of families served is required.

Attempts will be made to minimize burden on grant recipients, but reporting must comply with federal requirements.

FINANCIAL REPORTING

Organizations will be required to provide routine financial reports to Brown County related to the activities funded by the grant. These reports must include all expenses charged to the grant for the applicable period. Reporting will be quarterly as a minimum and may be monthly depending on program requirements.

Organizations are eligible for an advance equivalent to one reporting period, with subsequent payments equal to the actual eligible expenditures within the preceding reporting period. If any advanced funds are unspent at the termination of the program they are due back to the County within 30 days.

FUNDING AS A PERCENTAGE OF EXPENSES

Brown County will not consider any funding requests in excess of 25% of the non - p r o f i t organization's total annual expenses as noted on the IRS Form 990 or IRS Form 990-EZ.

LIMITED TERM OF SUPPORT

All ARPA non-profit grant awards should be considered one-time funding. The County is not obligated to provide additional funding beyond what is awarded through this grant.

USE OF FUNDS

Grant funds awarded through this program must be expended no later than **December 31, 2024**. If any funds will remain unspent, grantees must notify Brown County as soon as possible to allow these funds to be reallocated prior to this deadline.

PUBLIC RECORDS

Unless otherwise exempt by law, all information received from the applicant, whether in connection with the grant application or in connection with any grant-funded activities will be subject to public disclosure pursuant to Wisconsin Public Records Law.

PROJECT INFORMATION & APPLICATION

Project Name:

Funding Amount Requested:

Organizational Information

Name of Nonprofit Organization:

Mailing Address:

Physical Address (*if different*):

Website:

CEO/Executive Name:

Phone:

Email:

Primary Contact Name/Title:

Phone:

Email:

Federal I.D. Number:

DUNS Number:

Federal/State License Number, if applicable:

Geographical Area(s) Served:

Tax Exemption Status:

Types of Insurance:

General Liability Amount (per occurrence):

Worker's Compensation Amount (per occurrence):

Other:

Is the organization registered and in good standing (active status) with the Wisconsin Department of Financial Institutions? Yes No

Is the organization registered and in good standing (current status) with the the Wisconsin Department of Agriculture, Trade, & Consumer Protection? Yes No

Number of Persons/Households Served in 2020:
Total Annual Expenses 2020:
Total Revenue:

Number of Persons/Households Served in 2021:
Total Annual Expenses 2021:
Total Revenue:

Number of Persons/Households Served in 2022:
Total Annual Expenses 2022:
Total Revenue:

Number of Persons/Households projected to serve in 2023:
Total Projected Expenses 2023:
Total Projected Revenue:

Percent Brown County Residents/Households:

Project Overview

Please describe the main activities provided to Brown County residents, including the targeted beneficiaries (i.e. seniors, youth, families, veterans) by the project:

Please indicate which eligible activity, or activities, are related to the project:

- Supporting the public health response to the pandemic:
 - Mental health treatment
 - Substance misuse treatment
 - Crisis intervention
 - Services or outreach to promote access to health and social services
 - Hotlines or warmlines
- Addressing the negative economic impacts caused by the public health emergency:
 - Food programs
 - Rent, mortgage, and utility aid
 - Eviction prevention
 - Job training assistance
- Serving the hardest-hit communities and families, including*:
 - Creating new or expanded high quality childcare

- Home visiting programs for families with young children
- Lead remediation

*For this category, please identify the specific geographic area to be served, or how the populations, households, or geographic areas are disproportionately impacted by the pandemic:

Please describe the timeline for the project:

Briefly describe the use of evidence-based or evidence-informed approaches in the design of the project:

Please identify any key partners on the project:

Project Impact:

Please describe the projected number of individuals or households to be served by the project:

Please describe the intended outcomes of the project:

Please describe how the project promotes equitable outcomes, including how programs were designed with equity in mind:

Project Monitoring:

Please describe the organization's plan for tracking and monitoring outcomes and individuals or households served by the project including individual and population-based measures, if applicable:

Financial Management & Fiscal Controls:

Please briefly describe your agency’s fiscal oversight/internal controls to minimize opportunities for fraud, waste, and mismanagement:

Are your financial statements audited annually? Have you received a single audit in the last 3 years? If so, please provide a copy of this audit with your application.

Please describe your agency plan to segregate ARPA funds from other agency funds for purposes of identification, tracking, reporting and auditing:

BUDGET DETAIL *(please provide detail in categories below applicable to your project)*

Direct Assistance to Residents/Households/Businesses	
Personnel Salaries	
Personnel Fringe Benefits	
Staff Training & Education	
Outreach	
Direct Supply Costs <i>(include line item expenses)</i>	
Administration, Management & Overhead Costs	
Other Project Costs <i>(describe)</i>	
TOTAL BUDGET/GRANT AMOUNT REQUESTED	

Note: *Non-profit organizations that received other COVID-19 funds such as the federal Coronavirus Aid, Rescue, Economic Security (CARES) Act funds or the Community Development Block Grant for Coronavirus funds may be eligible to apply for ARPA funding, as long as, the expenses are not duplicated.*

REQUIRED DOCUMENTATION:

- **Proof of IRS Federal Tax-Exempt Status (Letter of Determination)**
- **Operating budget for the current fiscal year showing projected revenue and expenditure by category**
- **If you do not have audited financial statements, please provide your operating budget for 2020, 2021, and 2022 showing actual revenue and expenditures by category**

BROWN COUNTY, WISCONSIN
AMERICAN RESCUE PLAN ACT (ARPA)
NON-PROFIT GRANT SELF-CERTIFICATION

By signing below, the applicant certifies that the information provided is true, accurate and complete, to the best of my knowledge. If circumstances change, the applicant will submit a revised application or provide additional information accordingly.

THE APPLICANT UNDERSTANDS:

1. This application and other materials submitted to the County may constitute public records subject to disclosure under Wisconsin's Public Records Law.
2. Submitting false or misleading information in connection with an application may result in program ineligibility for financial assistance. The applicant or its organization may be subject to civil and/or criminal prosecution.
3. Receipt of federal funds through this grant process requires recipient to agree to all rules, regulations, reporting and audit requirements associated with this federal program.

THE APPLICANT CERTIFIES TO THE BEST OF MY KNOWLEDGE:

1. The information submitted to Brown County in this application is true and correct. The applicant is authorized to submit this application on the organization's behalf.
2. The applicant is in compliance with all applicable federal, state, and local laws, regulations, ordinances, and orders and must report any and all noncompliance with said laws that could have an adverse material impact on the project. Adverse material impact includes lawsuits, criminal or civil actions, bankruptcy proceedings, regulatory action by a governmental entity.
3. The applicant has not received other federal, state, or local assistance for the same purposes the applicant's intended use of grant funds or has not received full funding from other sources to cover related costs for those programs/services.

Applicant Signature

Date

Print Signature

Title