

ARPA Application

Applicant Information

Project Information

Budget Information

Project Timeline

ARPA Application Checklist

Please be sure that all items listed below are included in your application by the application deadline.

- Application with Original Signature
- Budget Information
- Description of Organization
- Organizational Chart
- List of the Board of Directors
- Authorized Official
- Financial Audit
- Financial Statement
- Certification of Compliance with the Americans with Disabilities Act
- Certification of Applicant that it has a Non-Discrimination Policy
- Copy of Non-Discrimination Policy
- Job Descriptions (if applicable)
- Eligible Activities Form

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ARPA Application
Due November 15, 2021

APPLICANT INFORMATION

Agency or Organization:

Organization Address:

Mailing Address (if different):

DUNS #/Unique Entity Identifier

(DUNS number/Unique Entity ID can be obtained through registration on SAM.gov)

501(c)3 Number:

Web Address (if applicable):

Telephone:

Contact Person Name:

Email Address:

Name of Proposed Project:

Total Funding Request: \$

Total Matching Funds: \$

Project Category (drop-down):

- Support public health expenditures
- Address negative economic impacts caused by the public health emergency
- Provide premium pay for essential workers
- Invest in water, sewer, and broadband infrastructure

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PROJECT INFORMATION

1. Describe the goal of the proposed project (The proposed solution to the problem/need identified above):
2. Describe the community needs to be addressed by the proposed project:
3. Describe the proposed project activities to be undertaken to achieve the goal (Activities include strategies, techniques or types of treatment utilized in the delivery of program services):
 - a. If project supports public health, please describe.
 - b. If project addresses negative economic impact, please describe.
4. Explain how project performance will be measured.
5. Who will be served by the proposed project? (Include specific groups or individuals as well as the geographic area primarily benefiting from the activity)
6. How many estimated beneficiaries will be served with ARPA funds?
7. Is this an unduplicated count? Yes No
(Unduplicated means that each client is counted only once, even if services are ongoing on services are provided to the client more than once.)
8. Indicate the type of group to be served:
 Individuals – Number Served
 Families – Number Served
 Business – Number Served
 Households – Number Served
 Housing Units – Number Served
 Census Tracts – Number Served (See Census map on ARPA Webpage)
9. Describe the outcome or impact the activity will have on the population to be served (How will the proposed project improve the quality of life for recipients?):
10. Identify the inputs (e.g. staffing, equipment, supplies and other resources) that will be needed for the proposed activity. Attach job descriptions of the staff to be paid with ARPA funds.
11. Describe your agency's compliance with Title VI of the Civil Rights Act. What types of language assistance services, if any, are provided by your agency to Limited English Proficient (LEP) persons?
12. Please briefly describe your agency's background and explain why your agency is well positioned to provide this proposed activity/service.

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13. Is this project already underway or ongoing? If so, please describe.

SAMPLE

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BUDGET INFORMATION

Proposed budget for the first program year (January 1, 2022-December 31, 2022)

ARPA Project Funding – Year 1
Other Project Funding – Year 1
Total Project Funding – Year 1

Proposed budget for the first program year (January 1, 2023-December 31, 2023)

ARPA Project Funding – Year 2
Other Project Funding – Year 2
Total Project Funding – Year 2

Proposed budget for the first program year (January 1, 2024-December 31, 2024)

ARPA Project Funding – Year 3
Other Project Funding – Year 3
Total Project Funding – Year 3

Proposed budget for the first program year (January 1, 2025-December 31, 2025)

ARPA Project Funding – Year 4
Other Project Funding – Year 4
Total Project Funding – Year 4

Proposed budget for the first program year (January 1, 2026-December 31, 2026)

ARPA Project Funding – Year 5
Other Project Funding – Year 5
Total Project Funding – Year 5

Matching Funds for Proposed Project:

Source

Amount

Secured?

Can project proceed without this source? (yes/no)

Source

Amount

Secured?

Can project proceed without this source? (yes/no)

Additional matching funds can be uploaded in the attachments section (recommended)

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ITEMIZED BUDGET

Please list each budget line item to be paid with ARPA funds.

Expense – Amount

Expense – Amount

Expense – Amount

Expense – Amount

Expense – Amount

Expense – Amount

Expense – Amount

A detailed project budget can be uploaded in the attachments section (recommended)

SAMPLE

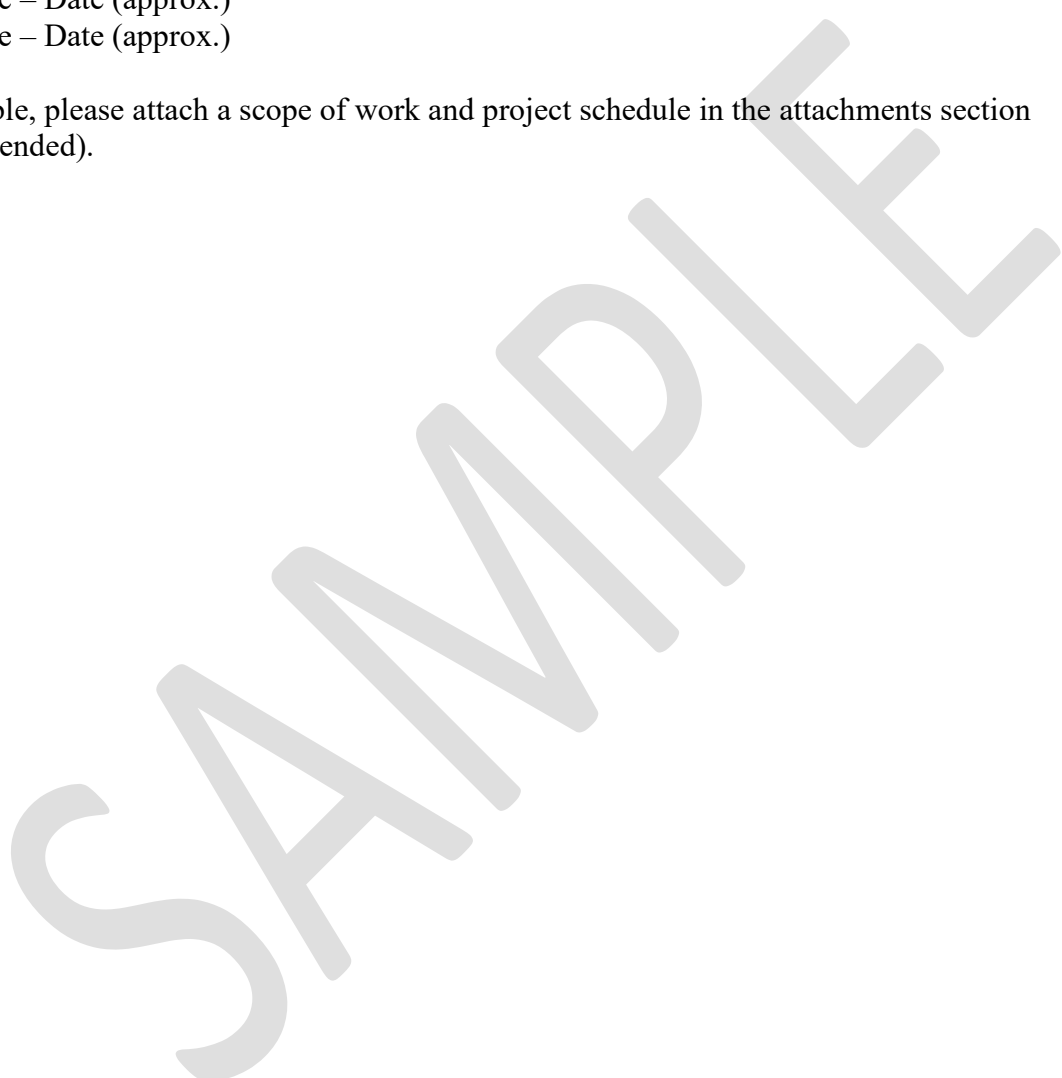
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PROJECT TIMELINE – Construction Projects Only

Please note project milestones (e.g. launch, end of phase I, etc.).

- Milestone – Date (approx.)
- Milestone – Date (approx.)
- Milestone – Date (approx.)
- Milestone – Date (approx.)
- Milestone – Date (approx.)
- Milestone – Date (approx.)

If available, please attach a scope of work and project schedule in the attachments section (recommended).



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CERTIFICATIONS AND APPLICANT SIGNATURE

By signing below, the applicant certifies under penalties of perjury that this bid or proposal has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals.

By signing below, the applicant certifies under the penalties of perjury that to the best of their knowledge and belief, the bidder has complied with all laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

By signing below, the applicant certifies that it is not in default under the terms and conditions of any grant or loan agreements, leases, or financing arrangements with creditors.

This proposal and other materials submitted may be considered public records subject to disclosure under the public records act. Please mark documents as "confidential" if the documents contain information that is sensitive. Final decision on confidentiality lies with the Public Records Division of the Commonwealth of Massachusetts.

Submitting false or misleading information may result in rejection or ineligibility for financial assistance under this program, and the authorized representative is subject to any and all prosecution that applies.

Successful applicants will be expected to complete all reporting requirements as outlined in the contract. Failure to complete these requirements will be considered default.

Signature (check box)

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ATTACHMENTS

All attachments are required, unless otherwise noted.

- Organizational Chart
- List of the Board of Directors
- Authorized Official
- Financial Audit
- Financial Statement
- Certification of Compliance with the Americans with Disabilities Act
- Certification of Applicant that it has a Non-Discrimination Policy
- Copy of Non-Discrimination Policy
- Job Descriptions (if applicable)
- Detailed Project Budget (recommended)
- Detailed Project Schedule (recommended)
- Optional Additional Attachments – Additional supporting or explanatory documents.

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