

# **Application for Boone County COVID-19 ARPA Funding**

State and Local Fiscal Recovery Funds, SLFRF

General Information				
Organization Name:				
Organization Mailing Address:				
Entity Type:				
Point of Contact Information				
Name:				
Phone Number:				
Email Address:				
Mailing Address:				
Summary Project Information				
Name of Proposed Project:				
Project Category:				
Amount of Funding Requested:				

### **Application for Boone County COVID-19 ARPA Funding**

State and Local Fiscal Recovery Funds, SLFRF

### **Applicant Name:**

Name of	proposed Project or Program/Services:
Estimate	d TOTAL COST of proposed Project or Program/Services:
	of Boone County ARPA Funds Requested:
	ounty Percentage of total Project cost:
	n 1 – Applicant Information
• L	egal Name:
• E	ntity type (i.e., government, not-for-profit, business, etc.):
	o Provide a copy of the organizational chart (Attachment 1) and a completed W-9 form (Attachment 2).
• P	Provide a copy of the Missouri Secretary of State organizational documents (Copies Articles of Incorporation,
А	articles of Organization, most recent annual report, etc.) (Attachment 3).
• P	rovide a copy of the most recent annual financial statements (including a copy of the financial audit report)
()	Attachment 4).
• P	Physical address of the entity's home office:
• D	Oo the entity's operations encompass permanent physical locations other than the home office?
	o If yes, provide a brief overview of the various physical locations and the nature of operations conducted
	at each location:
• lo	dentify the individual responsible for financial and grant reporting for the entity. Describe their level of
е	experience and expertise:
• 10	dentify the individual designated as your entity's single point of contact for all questions and information
р	pertaining to this application and/or award. Include name and contact information:

# Section 2 – Applicant's experience with government-funded grant awards and/or *non*-government funded grant awards

•	non-governmental entities, as either a direct awardee or as a subrecipient awardee?					
	0	If yes, describe your entity's experience over the past 3 years. Identify grantor agencies/entities,				
		purpose of award(s), dollar amount of award(s), and reporting requirements.				
	0	If yes, describe completion status of awards (i.e., completed and closed out; completed but awaiting close out, ongoing, etc.).				
•		the past 3 years, has your entity been required to obtain a single audit (i.e., an audit of an entity's				
	Schedule of Expenditure of Federal Awards (SEFA))?					
	0	If yes, for which years were single audits obtained?				
	0	If yes, provide a copy of the most recent Single Audit report (Attachment 5).				
•	Within the past 3 years, has your organization been subject to sub-recipient monitoring activities for federal monies passed through to your entity?					
	0	If so, describe. Include any monitoring visits, remote desk audits, and/or official communications from the monitoring agency.				
•		the past 3 years, has your organization been subject to grant monitoring activities by a <i>non</i> -governmenta				
	0	If so, describe. Include any monitoring visits, remote desk audits, and/or official communications from the monitoring entity.				

## Section 3 – Project Information

•	Briefly describe the proposed Project or Program/Services. An expanded description may be provided in <b>Attachment 6.</b>				
•	Explain how the proposed Project or Program/Services responds to the COVID-19 public health emergency or its				
	negative economic impacts. Include specific references to ARPA Final Rule FAQs				
	(https://home.treasury.gov/system/files/136/SLFRF-Final-Rule-FAQ.pdf), Final Rule Overview				
	(https://home.treasury.gov/system/files/136/SLFRF-Final-Rule-Overview.pdf), or other guidance issued by US				
	Treasury on eligible uses of ARPA funds.				
•	The federal funding authorization governing Boone County's ARPA monies identifies seven (7) Eligible				
	Expenditure Categories (EC) which are shown in <b>Appendix 1</b> of this application. Identify the appropriate EC for				
	the requested Project or Program/Services funding request. If more than one Expenditure Category potentially				
	applies, identify the single category that is <i>most</i> applicable.				
•	Briefly describe the methodology and sources used to determine the estimated total cost of the Project or				
	Program/Services. Provide additional supporting documentation as needed (Attachment 7).				

	•	-	e the basis or justification for the amount requested from Boone County. If the amount requested estimated total cost, indicate all other funding sources and the justification for amounts			
		requested from	m other funding sources. Provide additional supporting documentation as needed (Attachment 8).			
	•	Does the Proje	ect include a capital expenditure (building project, building improvement, or purchase of			
		equipment or	other asset)?			
		o If yes,	is the capital expenditure > \$50,000?			
		o If yes,	provide your entity's TIN:			
	•	Briefly describ	e the ongoing operational, maintenance, or other costs that will be associated with the requested			
			gram services. Describe the funding source(s) to be used to provide the ongoing operational			
		funding requirements. Provide additional supporting documentation as needed (Attachment 9).				
		Drovido any ot	her information relevant to the request. (Attachment 10)			
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Αŗ	ope	ndices				
Ар	pend	dix 1 – Eligible E	xpenditure Categories			
Δt	tac	hments				
			_			
ке •	-	ed Attachments achment 1:	organizational Chart			
•		achment 2:	Completed W-9 form			
•	Att	achment 3:	Missouri Secretary of State organizational documents (Copies Articles of Incorporation, Articles			

#### **Optional Attachments**

Attachment 4:

Attachment 5:

• Attachment 6: Expanded description—Proposed Project or Program/Services

• Attachment 7: Expanded description—Project or Program/Services estimate of total cost

of Organization, most recent annual report, etc.)

Copy of the most recent Single Audit Report, if applicable

Attachment 8: Expanded description—Rationale for amount requested from Boone County and description of

Most recent annual financial statements (including the financial audit report)

other funding sources

• Attachment 9: Expanded description—Future ongoing operational, maintenance, and other costs required to

provide a continuation of services along with a description of the funding sources for these costs

• Attachment 10: All other information relevant to the request not addressed in other attachments