



**American Rescue Plan (ARP): Nonprofit Fund
Grant Application for Program Year 2022**
(Attach additional sheets if space provided is not adequate.)

Applications available: Tuesday, February 15, 2022 **Applications due: Thursday, March 15, 2022**

Please submit application by email or hard copy one signed original, with attachments to:

Gregory Imbur, 202 S. Fifth, Goshen, IN 46528 gregoryimbur@goshencity.com Call 537-3828 with questions.

American Rescue Plan: Nonprofit Fund Grant Priorities

Each investment proposal of \$25,000 or less must meet one of the following priorities:

1. Relates to ARP public health services, negative economic impacts, services to disproportionately impacted communities, and possibly other expenditure categories identified by the U.S. Treasury.
2. Meets an urgent community need, especially food insecurity, homelessness, or health-related needs.
3. Addresses public health services, negative economic impacts, or some other urgent community need.

If a grant is awarded, ARP funds for nonprofits may be dispersed after July 1, 2022. If a grant is awarded, claims will be paid only after a signed grant agreements has been formally approved by the Board of Public Works. Money must be spent by 12/31/2024, and annual grant reporting is required as well.

Organization: _____

Organization Address: _____

Mailing Address: _____

Contact Person: _____

Phone Number: _____

Email address: _____

Project Title: _____

ARP Fund, grant amount requested: \$ _____

Expected number of individuals to benefit from **this project**: _____

1. Briefly describe the proposed project. Include the need or problem to be addressed, the population (or area) to be served, a description of the work, including who will carry it out, and the proposed schedule of work, including the proposed timing of requests for ARP Nonprofit Fund awards.

2. Complete the line item budget for the proposed project and provide details on how reimbursed costs will be calculated.

Item Description	Total Amount	ARP Nonprofit Funds Sought	Other Funding Sought or Secured
a.			
b.			
c.			
d.			
e.			
f.			
TOTALS			

3. List the source and amount of other sources of funding, including matching funds and in-kind contributions, expected to be used to support this project. For in-kind contributions, such as volunteer labor, please include the number of hours and dollar value of the volunteer hours.

4. Describe how project relates to ARP public health services, negative economic impacts, services to disproportionately impacted communities, or meets an urgent community development need.

5. What are the measurable goals and timeline for this project or program? How will you define and measure success?

6. Please describe the population who will benefit from this project or program. Include demographic information in this description (age, income, ethnicity, race, etc.)

Organizational Characteristics

IRS nonprofit status _____

Years in operation _____

Number of full-time paid staff _____

Number of part-time paid staff _____

Number of volunteer staff _____

Number of Board members _____

Briefly describe the organization's structure, mission statement and services provided.

Please attach copies of the following documents to the original application. If any of the requested documents are not available, please attach an explanation. If you have previously submitted the requested documents, and there have been no changes, new copies are not required, but please indicate which documents have been previously submitted.

- a. Most recent Annual Report and Audit
- b. Current fiscal year budget
- c. Current list of Board of Directors

Certification Of Authorization To Submit This Application

I (We) certify to the City of Goshen that the Board of Directors of the organization identified on page 1 of this application authorized the submission of this application.

Agency Director (Signature)

Printed Name:

Date: _____

Chairperson, Board of Directors (Signature)

Printed Name:

Date: _____