

Westfield Non-Profit Grant Funding Program Application

Local Fiscal Recovery Fund of the American Rescue Plan Act of 2021

Recognizing many local not-for-profit entities provide vital community resources and have endured economic losses and/or increased service needs as a consequence of the public health emergency, the City of Westfield is providing grants to qualifying non-profit organizations through its ARPA funding received from the US Treasury.

Organizational Qualifications

To qualify, applicants must be able to show funds requested are to be used either in direct response to COVID-19 or for offsetting the economic disruption resulting from, or exacerbated by, the public health emergency.

The following requirements must be met for consideration:

1. Must be a Westfield Washington Township based organization, or provide direct services to underprivileged or disadvantaged Westfield Washington Township residents.
2. Must be a registered 501(c)(3) or 501(c)(19) organization with a Board of Directors, and have been continuously registered as such for at least 3 years prior.
3. Must have endured negative economic impact due to the COVID-19 Public Health Emergency.
4. Must report any other governmental, private, or charitable assistance received that supplanted any losses or offset revenue throughout the pandemic.
5. Must supply a COVID impact statement illustrating the connection between the negative economic harm and the public health emergency.
6. Eligible uses of funds include payroll and benefit costs, utilities, rent, insurance, and other operating costs. Eligible uses also include costs to adopt safer operating procedures to prevent the spread of COVID-19.

Complete the following Initial Application for Consideration and along with any specific information requested above, email to ARPAcommittee@westfield.in.gov. Alternatively, mail to Westfield City Hall, 130 Penn St., Westfield, IN 46074 (Attn: ARPA Committee.) Initial application deadline is **April 15, 2022**.

Certain selected applicants will be asked by the ARPA committee to complete the Supplemental Application for Consideration following review of all submitted Initial Applications for Consideration.

Incomplete applications will not be considered. Submission of an initial or supplemental application does not guarantee funding. Applications will be reviewed by the city's ARPA committee, or an independent group approved by the committee. Grant awards are at the sole discretion of the ARPA committee and will be reviewed equitably. However, programs directly serving under-represented or disadvantaged populations inequitably harmed by the public health emergency will be given priority.

Grant recipients will be announced on the city's webpage at the conclusion of the review process after recipients have been notified. For questions about the program or application process, please contact Cindy Spoljaric, cspoljaric@westfield.in.gov or Scott Willis, swillis@westfield.in.gov.

Initial Application for Consideration

Applicant Information

Organization name:

Executive Director/primary contact:

Name

Title

Phone Number

E-mail Address

Organization address (include mailing and physical addresses if different):

Is your organization a 501(c)(3) or 501(c)19 nonprofit?

Yes

No

Funding Request:

Amount requested:

Description of services, programs, or projects especially relevant to grant funding in response to the negative economic impacts of the COVID-19 Public Health Emergency on the nonprofit:

How was your organization negatively impacted by COVID-19? (Please explain the connection between the negative economic harm and the public health emergency, nature and extent of harm, and how using the requested funding would address such harm.) (e.g.: Decreased revenues, financial insecurity, uncompensated increases in service need, incapacity to weather financial hardship, or challenges covering payroll, rents, mortgage, or other operating costs)

Please provide the five fiscal years of Financial Statements and/or Tax Returns for your organization:

WARNING: Please note that this application and the documents you submit in connection with this application may be subject to public disclosure under the Indiana Access to Public Records Act. However, your financial statements and/or tax returns may contain certain sensitive, non-public financial information that should reasonably be considered confidential. The submission of this application was in response to a request for the provision of such statements and/or returns by you to the City, accordingly, the City will not disclose such statements and/or returns unless required to do so by law pursuant to Indiana Code 5-14-3-4(a)(5).

****Supplemental Application for Consideration****

(DO NOT SUBMIT UNTIL YOU HAVE BEEN CONTACTED ABOUT YOUR INITIAL APPLICATION)

Applicant Information

Organization name:

Organization website (if applicable):

Number of years in operation:

Is your organization located in and/or primarily serving community members that reside in Westfield Washington Township?

Yes

No

Number of Westfield Washington Township residents you directly serve:

Less than 50

50-250

250-1000

1000+

Percentage served that are disadvantaged, underserved, or disabled:

Less than 25%

Between 25 and 50%

More than 50%

Number of employees:

Number of regular volunteers:

Federal Employer Identification Number or EIN (If none, please explain.):

Non-profit or Business Registry Number (If none, please explain.):

Other non-profits, agencies, or organizations affiliated or actively involved in your organization:

Description of services generally provided by nonprofit:

Please describe how your organization is providing services to individual members of the community who were negatively impacted by the COVID-19 pandemic, especially those individuals who were disproportionately impacted:

Funding Use:

- Payroll/benefits
- Rent/mortgage/utilities/insurance
- Labor
- Overhead
- Materials
- Services
- Fees
- Other (please describe)

Please expand on the selection(s) above and describe how you will use the funds to recover from the COVID-19 pandemic:

Is there an innovative solution that your organization developed to address the impact of the COVID-19 pandemic? If yes, please provide details:

How will funds be allocated? Please provide a budget document to show how you will allocate the funding (or alternatively, if you are requesting reimbursement for expenses already incurred, be prepared to provide proof and additional documentation to support the need.):

If only partial request is granted, what are your allocation priorities?

What other financial assistance channels have you explored since the beginning of public health emergency and how much have you received from each channel?

Do you qualify for other assistance through other ARPA programs locally or through the state?

Yes

No

Not sure

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