



August 01, 2022 - July 30, 2023

APPLICATION AMERICAN RESCUE PLAN ACT (ARPA) FUNDING

General Contact Information:

Agency: _____

Address: _____

Contact Name: _____ Title/Position: _____

Phone: _____ Email: _____

Agency Type:

Public/Government

Private Non-Profit

Private for Profit

Title III ARPA RFP Program Area:

Title III B Case Management

Title III B Senior Center Activities

Title III B Transportation

Title III B Cash/Material Aid

Title III B Homemaker Services

Title III B Personal Care

Geographic Area to be Served: _____

Summary of Cost (See Instructions):

1. American Rescue Plan Act Funds Requested \$ _____

2. Non-Federal Match

A) Cash \$ _____

B) Value of In-Kind \$ _____

3. Program Income \$ _____

4. Other Non-Match, Non-Income Funds

A) _____ \$ _____

B) _____ \$ _____

C) _____ \$ _____

D) _____ \$ _____

5. Total Program Cost (1+2+3+4) \$ _____

The governing body of the applicant has authorized this proposal for submission.

Authorized Signature: _____ Date: _____



Applicant Agency: _____

Part A: PROGRAM DESCRIPTION

As described in IX. RFP Submission of Proposal Guidance and Evaluation Criteria page 31 - 32

Applicant Agency: _____

Part A: PROGRAM DESCRIPTION

As described in IX: RFP Submission of Proposal Guidance and Evaluation Criteria page 31 - 32

Applicant Agency: _____

Part A: PROGRAM DESCRIPTION

As described in IX: RFP Submission of Proposal Guidance and Evaluation Criteria page 31 - 32

Applicant Agency: _____

Part A: PROGRAM DESCRIPTION

As described in IX: RFP Submission of Proposal Guidance and Evaluation Criteria page 31 - 32

Applicant Agency: _____

Part A: List the minimum number of units to be provided for each required unit of service and the unduplicated persons to be served based on the RFP Program Funding Specifications. View the Invitation for Bid (IFB) & Request for Proposal (RFP) Procedure, American Rescue Plan Act (ARPA) to view the Title III funding specifications at www.mysourcewise.com/about/grantees/

TYPE OF UNITS TO BE PROVIDED	NUMBER OF UNITS	UNDULICATED PERSONS SERVICED
------------------------------	-----------------	------------------------------

Applicant Agency: _____

Part A: List at least one measurable objective for each of the following program areas: Reaching the Target Population, Staffing and Volunteers, Coordination with other groups, Public Information, Client Input, and obtaining Voluntary Contributions, as described in as described in IX: RFP Submission of Proposal Guidance and Evaluation Criteria page 31 - 32.

Program Area	Objective	How Measured
Target Population		
Staffing & Volunteers		

Applicant Agency: _____

Program Area	Objective	How Measured
Coordination		
Public Information		

Applicant Agency: _____

Program Area	Objective	How Measured
Client Input		
Voluntary Contributions		

Applicant Agency: _____

Part B: PROGRAM MANAGEMENT

As described in IX: RFP Submission of Proposal Guidance and Evaluation Criteria page 32.

Applicant Agency: _____

Part B: PROGRAM MANAGEMENT

As described in IX: RFP Submission of Proposal Guidance and Evaluation Criteria page 32.

Applicant Agency: _____

Part B: PROGRAM MANAGEMENT

As described in IX RFP Submission of Proposal Guidance and Evaluation Criteria page 32.

Part D: SUPPORTING DOCUMENTATION

As described in IX: RFP Submission of Proposal Guidance and Evaluation Criteria page 34 - 35.

Attach the following documentation:

- Organization Chart
- 501(c)(3) IRS Designation Letter (if applicable)
- Job descriptions
- Board of Directors Roster
- Bond & Insurance information
- Emergency Plan
- Client Grievance
- Transition Plan for termination or transfer of services
- Plan for additional and decrease in funding