

City of Battle Creek
ARPA Funding Application
Request for Supplemental Information

Organization Name: _____

Project Title: _____

(Note: Please provide complete answers to the two narrative questions below. Applicants may use the information provided in their initial submission where applicable).

Economic Impacts: In 300 words or less, please provide a description of how your project responds to the negative economic impacts caused by the COVID-19 public health emergency.

Use of Evidence: In 300 words or less, please provide a description of what data or evidence-based practices were used to determine that the project, as designed, will lead to the desired outcomes.

Is your organization licensed to do business in the State of Michigan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your organization have audited financial statements for 2020/2021?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your organization filed a timely IRS Tax Form 990 for 2020?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your organization received and managed federal funding in the past?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(If no, are you working with a fiduciary or partner experienced in managing federal funds?)	<input type="checkbox"/> Yes*	<input type="checkbox"/> No

*If applicable, please provide the name of your fiduciary or partner _____

Attachment A – Budget Information

What is the total cost of your project (including ARPA and all other funds) \$ _____

What is the total amount of ARPA funds being requested from the City \$ _____

Please identify any other funders who are contributing to the total cost of the project (including any ARPA funds from other entities, i.e. county, other cities/townships, etc.)

Budget Form

(Note: Revenue and Expense should indicate only the use of ARPA funds for the project. If you plan to spend ARPA funds over multiple years please indicate Revenue and Expense by year.)

	Year 1 2022	Year 2 2023	Year 3 2024
ARPA funding request			
Expenses			
Personnel cost			
Contractual services			
Office supplies			
Audit and legal fees			
Travel and training			
Advertising and promotions			
Insurance			
Rent			
Utilities			
Equipment and machinery			
Other			
Total Expenses			

Please provide a short description here of any expenses that fall into the “other” category.

ACKNOWLEDGEMENT: By signing this document you acknowledge that you are a representative authorized to sign on behalf of the submitting organization, that the information provided is accurate to the best of your ability and you have ***read and understand the State and Local Fiscal Recovery Funds Compliance and Reporting Guidance*** provided with this application.

Authorized Signature: _____

Printed Name: _____

Organization: _____

Date: _____