



AMERICAN RESCUE PLAN ACT NON-PROFIT ASSISTANCE APPLICATION (Max. \$5,000/Organization)

Nonprofits have faced significant challenges due to the pandemic's increased demand for services and changing operational needs, as well as declines in revenue sources such as donations and fees. Nonprofits eligible for assistance are those that experienced negative economic impacts or disproportionate impacts of the pandemic and meet the definition of "nonprofit"—specifically those that are 501(c)(3) or 501(c)(19) tax-exempt organizations.

Eligible nonprofit organizations meet the following requirements:

- 501(c)(3) or 501(c)(19) organization
- Located in the City of Fayetteville, serving City of Fayetteville residents
- Be in good standing with the Arkansas Secretary of State
- Maintain a current City of Fayetteville business license (if required, per City Code Chapter 118)
- Have a demonstrated negative economic impact that is directly related to COVID-19
- Nonprofit must have been incorporated no later than January 1st 2021
- Nonprofit organizations may apply to one of the following programs: the under \$5,000 assistance program, or the over \$5,000 assistance program

Costs eligible for nonprofit assistance

- Costs sustained by a nonprofit that experienced negative economic impact directly related to the COVID-19 pandemic. This could be due to an increased demand for services provided, changing operational needs, a decline in revenue sources such as donations and fees, reduced ability to hold fundraising events, increased costs such as uncompensated increases in service need, or challenges covering payroll, rent, or other operating costs of the nonprofit organization.

Ineligible Costs – these are examples of costs that cannot be claimed for reimbursement:

- Loss that bears no relation to the COVID-19 public health emergency, or costs that are grossly disproportionate to the type or extent of harm experienced due to COVID-19.
- Any purpose that conflicts with or contravenes the statutory purpose of the [American Rescue Plan Act](#).
- Contributions to any rainy-day funds, financial reserves, or similar funds.
- Payment of interest or principal on outstanding debt instruments.
- Inherently religious activities, such as worship, religious instruction, or proselytization and/or those that promote or inhibit religious interest.
- Lobbying or other political activities.
- Funding for programs or organizations that do not serve City of Fayetteville residents.
- Payment of any type of judicial settlement/judgment
- Economic hardship incurred outside of the period beginning March 3, 2021 and ending March 3, 2022.
- Expenses reimbursed through any other funding assistance are not eligible for duplicate reimbursement. This would include (but not be limited to) other COVID-19 programs, Federal CARES Act funding, Paycheck Protection Program (PPP) loans, Economic Injury Disaster Loans (EIDL) or Community Development Block Grant – Coronavirus (CDBG-CV) funding.

Assistance Period

In general, applicants may apply for funds to cover COVID-19 related economic loss from costs incurred during the period beginning March 3, 2021 and ending March 3, 2022.

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Application Date _____

Year of Nonprofit Incorporation _____

Organization Name _____

Mailing Address _____

Physical Address (if different) _____

Organization Phone Number _____

Website _____

EIN _____

SAM Unique Entity ID Number _____

(see <https://sam.gov/content/entity-registration> for more information)

CEO/Executive Director Name _____

Phone _____

Email _____

Primary Contact Name _____

Title _____

Phone _____

Email _____

Please provide the philosophy, purpose, and/or mission statement of the nonprofit entity:

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Describe the services the organization provides to Fayetteville residents:

Describe the organization's target beneficiaries (e.g., seniors, youth, families, veterans, etc.):

COVID-19 Impact

Describe the impact of the COVID-19 public health emergency on the nonprofit organization's programs or activities during the period beginning March 3, 2021 and March 3, 2022, such as changes in the demand for services, changes due to social distancing, new services to assist those impacted by COVID-19, limited operations, etc.:

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Describe the negative economic impact that the COVID-19 public health emergency has had on the organization's finances (e.g., increased or new expenses, fundraising, loss of earnings, decline in revenue, etc.):

Indicate how this funding, if provided, would address the negative economic impact sustained by the organization as described above.

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How is the nonprofit organization addressing the financial impacts it has experienced due to COVID-19?

Describe any other impact the COVID-19 public health emergency has had on the organization (e.g., staffing or volunteer impacts, closure, closure due to COVID-19 mitigation, etc.):

Expenses claimed under this program cannot have been claimed for reimbursement under any other program. Has the nonprofit organization received other COVID-19 related funding assistance such as, but not limited to, Federal CARES Act funding; Paycheck Protection Program (PPP) loans; Economic Injury Disaster Loans (EIDL); or Community Development Block Grant – Coronavirus (CDBG-CV) funds? YES NO

If Yes, describe amount(s), use(s), and timeframe:

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Does your organization operate within a designated Qualified Census Tract as illustrated at this website: [City of Fayetteville Qualified Census Tracts](#) ? YES NO

Is anyone with control over the nonprofit organization (i.e., owner, manager, director, board member, or other) or any member of that person's immediate family, an employee or elected official of the City of Fayetteville?

YES NO

If Yes above, please describe the relationship _____

How many persons/households did the organization serve from March 3, 2021 through March 3, 2022?
Fayetteville residents: _____ Total residents: _____

Required Information

- Actual revenue for March 3, 2021 – March 3, 2022
- Actual expenses for March 3, 2021 – March 3, 2022
- Provide copies of most recent IRS form 990
- Provide copy of W-9 form (Taxpayer ID number and Certification)
- Provide a copy of IRS determination letter indicating nonprofit status
- Provide a copy of the entity's Secretary of State Filing number, available at the Secretary of State website https://www.sos.arkansas.gov/corps/search_all.php

Please describe the events, activities, or services provided by the nonprofit organization that reimbursement will be sought for. Please indicate how these events, activities, or services assisted residents impacted by COVID-19.

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Expenses to be Reimbursed

Were all expenses incurred between March 3, 2021 and March 3, 2022? YES NO

Please complete the table below for the requested nonprofit reimbursements. Please attach all receipts and/or other supporting documentation. Examples could include nonprofit operating costs such as, payroll records, utility bills, rent, etc.

Total requested up to \$5,000 maximum (must match total documented expenses below): _____

Please document the Nonprofit expenses being claimed for reimbursement below. If more room is needed, please attach a separate sheet to your completed application.

Date	Vendor	Expense Description	Amount

Total _____

I am an authorized employee/agent of the applicant nonprofit organization and I am authorized to submit this application. The information provided is true and complete to the best of my knowledge and belief. I understand that any willful misstatement of material fact will be grounds for disqualification. I attest that I have not received financial assistance from other sources for the funding request submitted in the application. I understand that all documentation may be provided to Federal and/or State government agencies for accounting and auditing purposes, and that all applications and documentation are subject to disclosure pursuant to the Arkansas Freedom of Information Act. I agree to provide any and all requested documentation to further support the charges being requested for reimbursement.

Authorized Signature

Date

Printed Name and Title

Internal Use Only
