



ARPA APPLICATION

Businesses

This form must be received by January 31, 2022, for project consideration. Email completed application and attachments to ARPA@ci.owosso.mi.us or mail to Owosso City Hall, attn: City Manager, 301 W. Main Street, Owosso, MI 48867.

Date of application: _____

Contact name: _____

Contact address: _____

Business name: _____

Business address: _____

Phone number: _____

Email address: _____

What eligible ARPA expense are you applying for (check one)

- Substantial declines in gross receipts due to COVID-19 closure
- Financial insecurity due to effects of COVID-19
- Technical assistance
 - counseling
 - business planning
- COVID-19 mitigation/prevention needs
 - enhanced cleaning
 - changes to enable social distancing
 - COVID-19 vaccination, testing, contact tracing needs

Amount requested? _____

Did this organization receive any federal, state or local COVID related funds? If so, specify the source and total dollar amount: _____

Will this project leverage any matching funds (i.e. operating funds, grants, donations, etc.)? If so, detail the source and dollar amount: _____

Provide a detailed description of the project you are proposing (attach additional pages as needed):

Required attachments: profit and loss statement from last five years showing loss of income

**Any organization in default or delinquent in payment to the City of Owosso will not be considered for ARPA project funding.*

I certify that the information provided is accurate and complete to the best of my knowledge.

Applicant Name

Applicant Signature

Date