



# ARPA APPLICATION

Nonprofits

**This form must be received by January 31, 2022, for project consideration. Email completed application and attachments to [ARPA@ci.owosso.mi.us](mailto: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: \_\_\_\_\_

Organization name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Organization address: \_\_\_\_\_

Email address: \_\_\_\_\_

Organization description (include service area):

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: (1) proof of 501(c)(3) nonprofit status (2) financial documentation from last five years (audit, tax, etc.) 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**