



*Aroostook County Commissioners Office  
Aroostook County  
144 Sweden Street, Suite 1  
Caribou, Maine 04736*

## **AMERICAN RESCUE PLAN ACT GRANT APPLICATION**

**Aroostook County will receive approximately \$13 million in ARPA funds; 50% of this amount was received in May, 2021, and the other 50% will be received in May of 2022. The County will use at least some of the funds for its own needs, and will consider grants to Aroostook County municipalities, non-profits, or other eligible applicants who have a project funding request that meets The County ARPA Program Statement Guidelines.**

**Note: This form must be completed as part of the application; additional information may be required upon assessment of the application.**

**Applicants must choose from eligible ARPA Fund Categories listed in the Program Statement.**

**All applications must be received electronically by 4 p.m., Friday, April 29, 2022.**

**Late or faxed submissions will not be accepted.**

**Application and other documents must be received as one complete PDF format application submitted via email to: [steve.pelletier@aroostook.me.us](mailto:steve.pelletier@aroostook.me.us)**

**For further information: 207-493-6337 Ext. 337**

# **ARPA Grant Funding Application Overview**

## **1. Introduction**

ARPA Grant Funds will provide funds to communities and non-profits to implement proposed projects that deal with COVID-19 related issues and meet ARPA Program Statement Guidelines and Sections 602 and 603 of the Dept. of Treasury's Interim Final Rule. ***All approved funding awards are at the discretion of the County Commissioner's.***

## **2. Letter of Intent as ARPA Grant Application Eligibility Requirement**

Eligible applicants for ARPA funding are required to submit a Letter of Intent to Apply. Applicants submitting an ARPA application without first submitting a Letter of Intent and receiving a Notification Eligibility Email from the County will have the application un-scored.

## **3. Public Hearing Requirements**

Each applicant is required to hold a duly authorized public hearing during the Application process. The hearing must be advertised in local newspapers and posted according to local requirements. Any applicant submitting a non-compliant public hearing notice will have five points deducted from their final application score. Applicants must attach a copy of the published hearing notice, attested copy of the minutes, and attendance list to the Application.

## **4. Matching Funds Requirements**

Municipalities and eligible non-profits applying for ARPA funds must demonstrate they will provide a direct cash match of at least 25% of the total ARPA grant award for Public Health and Negative Economic Impact Projects. Investments to Infrastructure Water & Sewer Projects require a 50% match of the total grant award. Investments in Infrastructure Broadband Projects require a 100% or 1 to 1 dollar match of the total grant award. The minimum match amount may come from any source public and/or private. This must be reflected on the Matching Funds Table contained on Page 5 of this Application Package. Firm letters of commitment for all cash matching funds must be attached to the table.

## **5. Financial Commitments as a Scoring Requirement**

Applications for projects not demonstrating a firm financial commitment as required in the application materials will be removed from the scoring process.

## **6. Maximum ARPA Grant Amounts:**

- **Public Health and Negative Economic Impact - \$150,000 or up to 50% of Project Amount.**

- **Investments to Infrastructure - \$300,000 or up to 50% of the Project Amount.**
- **Total Annual Maximum Awards - \$2,166,666**

## **7. Multi-Jurisdictional Application**

A multi-jurisdictional application is one submitted from two or more municipalities or non-profits joining together to create a single ARPA proposed project to meet shared problems in the respective organizations.

## **8. Application Process**

### **Step 1**

#### **A. Letter of Intent - see Number 2.**

#### **B. Completed Application**

The application must provide a narrative description of the Impact, Development Strategy, and Citizen Participation relating to ARPA activities proposed in the application. The applicant must complete the Application form and may only attach additional information if specifically requested. Please remember to answer briefly and as completely as possible within the allotted space. Each application will be rated on its own merit and in relation to all other applications. After the scoring process is completed, successful organizations will be invited into the project development phase.

#### **C. Project Implementation**

Following contract execution, the community or non-profit will be awarded ARPA funds and will begin to implement their project. The ARPA Program Administrator will remain involved with the awardee throughout project implementation.

## **9. Application Scoring**

Members of the ARPA Scoring Team will assign a Point Total for each application reviewed. Review Point Totals will consist of the sum of the three scoring areas below and be determined by the total of each sub-scoring area.

**A. Impact – 45 points**

**B. Development Strategy – 45 points**

**C. Citizen Participation – 10 points**

***\*\*For possible scoring points within specific ARPA Eligible Categories, please review the Selection Process under Section 2 of the ARPA Program Statement.***

**APPLICANT INFORMATION**

<b>Name of Municipality or Non-Profit:</b>	Click or tap here to enter text.
<b>DUNS Number:</b>	Click or tap here to enter text.
<b>SAM Registration Number:</b>	Click or tap here to enter text.
<b>Non-Profit 501(c)(3) determination date: (provide letter)</b>	Click or tap here to enter text.
<b>Authorized Person/Title:</b>	Click or tap here to enter text.
<b>Contact Name:</b>	Click or tap here to enter text.
<b>Contact Title:</b>	Click or tap here to enter text.
<b>Contact Email:</b>	Click or tap here to enter text.
<b>Contact Phone Number:</b>	Click or tap here to enter text.

**Multi-Jurisdictional Applicant Information**

**LEAD APPLICANT INFORMATION**

<b>Applicant:</b>	Click or tap here to enter text.	<b>Phone:</b>	Click or tap here to enter text.
<b>Address:</b>	Click or tap here to enter text.	<b>Fax:</b>	Click or tap here to enter text.
<b>City/Zip:</b>	Click or tap here to enter text.	<b>Email:</b>	Click or tap here to enter text.
<b>Authorized Person/Title:</b>	Click or tap here to enter text.		
<b>Project Location:</b>	Click or tap here to enter text.		
<b>Non-Profit 501(c)(3) Date (provide letter):</b>	Click or tap here to enter text.	<b>DUNS Number:</b>	Click or tap here to enter text.
<b>Contact Name:</b>	Click or tap here to enter text.	<b>Title:</b>	Click or tap here to enter text.
<b>Contact Email:</b>	Click or tap here to enter text.	<b>Phone:</b>	Click or tap here to enter text.

**Sub-Applicant**

<b>Applicant:</b>	Click or tap here to enter text.	<b>Phone:</b>	Click or tap here to enter text.
<b>Address:</b>	Click or tap here to enter text.	<b>Fax:</b>	Click or tap here to enter text.
<b>City/Zip:</b>	Click or tap here to enter text.	<b>Email:</b>	Click or tap here to enter text.
<b>Authorized Person/Title:</b>	Click or tap here to enter text.		
<b>Project Location</b>	Click or tap here to enter text.		
<b>DUNS Number</b>	Click or tap here to enter text.		
<b>Non-Profit 501(c)(3) Date (provide letter):</b>	Click or tap here to enter text.	<b>DUNS Number:</b>	Click or tap here to enter text.
<b>Contact Name:</b>	Click or tap here to enter text.	<b>Title:</b>	Click or tap here to enter text.
<b>Contact Email:</b>	Click or tap here to enter text.	<b>Phone:</b>	Click or tap here to enter text.

***\*\*Please add additional lines for additional sub-applicants.***

**ARPA Grant Program  
Matching Funds Table**

Funding Source	Grant/Loan	Amount

**COVID-19 Related Funds Already Awarded**

Funding Source	Grant/Loan	Year	Amount

**DETAILS OF THE ARPA GRANT REQUEST**

<b>Name of Grant Project/Request:</b>	Click or tap here to enter text.
<b>Eligible APRA Funding Category:</b>	Click or tap here to enter text.
<b>Dollar Amount of Grant Funds Requested from Aroostook County:</b>	Click or tap here to enter text.
<b>Other Funds Invested in this Project and the Source of those funds:</b>	Click or tap here to enter text.
<b>Period that the Funds will Cover and be Spent (from and to):</b>	Click or tap here to enter text.

**Project Scope of Work and Funding Eligibility**

**Explain your organization's COVID-19 related issue and proposed description of how the issue will be resolved with ARPA Funding. Maximum 1000 words.**

**Cite the specific language in the ARPA Program Statement that supports your request for funds, list the supporting expenditure category, and why you feel your request fits ARPA requirements and sections 602 and 603 of the Treasury Interim Rule. Maximum 1000 words.**

**Explain in detail the purpose of the funds, how they will be expended, who will benefit, what geographic area will be covered, what impact the funds are intended to have, and how you will evaluate and measure success. Maximum 1000 words.**

**Do you have any other information to add that is pertinent to your proposed project and request? Maximum 500 words.**

**Please attach the following supporting documents, if applicable and available:**

- **Mission, Vision, Strategic Plan**
- **Proof of financial stability – e.g., last audit**
- **Annual Budget**
- **Financial, Procurement, and Contractual Guidelines from Section 4 of the ARPA Program Statement**
- **501(c)(3) Determination Letter for Non-Profit Organizations**

- I acknowledge that our municipality is a member of the ARPA Coalition and therefore understand our 2% contribution covers compliance.
- I acknowledge our municipality is aware we are not a member of the ARPA Coalition and will be subject to an administrative fee equal to 10% of the amount of ARPA Funding from the County.
- I acknowledge our non-profit organization is aware we are not a member of the ARPA Coalition and will be subject to an administrative fee equal to 10% of the amount of ARPA Funding from the County.
- I acknowledge our non-profit organization is located within a municipality that is a member of the ARPA Coalition and will be subject to an administrative fee equal to 2% of the amount of ARPA Funding from the County.

Signature of Authorized Representative:	I certify that the information in this Grant Application is true and correct to the best of my knowledge:
	Signed:  Date:

**For Office Use Only**