**Program Application**

**PROGRAM/PROJECT SUMMARY**

**Program/Project Activity:** Choose an item.

***A separate Application must be submitted for each program/project activity selected.***

***AGENCY INFORMATION:***

**Agency Legal Name:**

**Mailing Address:**

**Contact Person (Name, Title, Phone, Email):**

**State Employer Tax ID:**

**Agency DUNS or SAM Unique Entity Identifier Number (required):**

or

***COUNTY DEPARTMENT INFORMATION:***

**Department Name:**

**Contact Person (Name, Title, Phone, Email):**

**Organization Type:**

[ ]  Private Non-Profit

[ ]  Private For-Profit

[ ]  Public Non-Profit

[ ]  County Department

[ ]  Other Governmental Entity

**PROPOSAL SUMMARY**

**Funding Amount Requested: $**

*(Note: A minimum award amount has been set at $250,000 for the total grant period.)*

**Number of Beneficiaries to be Served:**

**Beneficiary Type(s):**

[ ]  Households and Communities

[ ]  Unemployed and Underemployed Workers

[ ]  General Public

[ ]  Small Businesses

[ ]  Nonprofits

[ ]  Title 1 Eligible Schools

**In** **150 words or less, please provide a succinct, one-paragraph description of the services to be provided (This description will be used to summarize your project to stakeholders and may be edited.):**

**Certification**

*To the best of my knowledge and belief, all information in this proposal is true and correct. The Proposer will comply with all of the requirements of the ARPA funding and the Notice of Funding Availability if an agreement is awarded.*

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| --- | --- |
|       |       |
|  Name and Title of Authorized Representative | Date |
|  |  |

**Program/PROJECT Narrative**

**Instructions:** Responses must be relevant, concise and directly follow each question prompt below. The completed narrative may not exceed a total of 12-pages (excess pages will not be reviewed). ***Submit a separate Application for each program/project activity selected above.***

**Program Design and Approach (****60 points + 10 bonus points)**

1. **Identify two to three program/project outcomes.** (2 points)

1. **Provide a detailed description of the structure of the program/project, including the design, program activities and any evidence-based, promising, or emerging practices to be used in program administration.** (9 points)

1. **Include a description of the impact the pandemic has had on the proposed beneficiaries and how the program/project is meant to respond.** (9 points)

1. **Describe how this project/program is an eligible use of ARPA funds as described in Attachment B: Prioritized ARPA Activities.** (2 points)

1. **Describe how the program/project facilitates long-term recovery for the prioritized beneficiaries.** (9 points)

1. **Describe the approach to providing equitable services. How will the program/project promote equitable outcomes? Are there particular historically underserved, marginalized, or adversely affected groups that the program/project will serve?** (10 points)

1. **As applicable, describe the plan for partnering and/or subcontracting with community partners to deliver the most effective** **program/project that will have the greatest community impact. List each subcontractor and identify responsibilities and costs. Provide specific, detailed information on how the agencies will work together and how assignments will be made.** (13 points)

1. **Describe the plan for outreach to prioritized beneficiaries.** (6 points)

1. **Qualified Census Tracts** *(10 bonus points)*
	1. **Will services be directed to beneficiaries residing in or operating in Qualified Census Tracts (QCT)? [ ]  Yes** [ ]  **No**
	2. **Please list the census tracts and describe how services will be directed to beneficiaries residing in or operating in the QCT.**

**Organizational Capacity (15 points)**

1. **Detail how the Agency/Department will comply with ARPA data, reporting, and performance requirements. Describe policies and procedures to obtain intake information to verify eligibility, ensure completeness and accuracy, and maintain privacy/confidentiality of records, as applicable.** (7 points)

1. **Describe the plan to get the program/project up and running quickly.** (4 points)

1. **Describe the plan for continuity of services once ARPA money is expended.** (4 points)

**Fiscal Qualifications and Budget (25 points)**

1. **Describe the Agency’s/Department’s experience in administering federal funds. If applicable, include the Agency’s/Department’s experience acting as the lead fiscal agent for the administration of federal funds.** (10 points)

1. **Describe all costs listed in the budget below. Include the plan for expending all funds by December 31, 2024. Include information about any matching funds to be used in support of program/project activities.** (5 points)

1. **Please complete the budget information below. If awarded a contract, a more detailed budget will be required.** Please note that if your Agency/Department will be acting as the fiscal lead in a collaborative application, consider the administrative and additional staffing and operating costs required to sponsor the program/project, and include that in the requested funding amount. (10 points)
2. Staff Salaries & Benefits (excluding Subcontractors)
3. Operating Costs
4. Subcontractor Costs (salaries and any other costs)
5. Direct Client Assistance\*
6. Indirect Costs\*\*

**TOTAL PROJECT COST**

COST PER BENEFICIARY

\*Advanced payments to Contractors to provide Direct Client Assistance may be available upon request.

\*\*Please note, if claiming indirect costs over 10%, an approved Indirect Cost Rate Plan approved by a cognizant federal agency must be provided at the time of contracting.)

1. **What is the minimum award amount needed for a successful program/project and why?** (not scored)