



County of Riverside

COVID-19 Community Improvement Designation (CID) Fund - American Rescue Plan Act (ARPA) Funding

Supplemental ARPA Request Application for Non-Profit Organizations



The Riverside County Board of Supervisors has allocated \$1,000,000 in funding to the COVID-19 Community Improvement Designation (CID) Fund to support pandemic relief efforts undertaken by non-profit organizations. Grants will be provided to eligible non-profits providing direct relief services and/or serving populations disproportionately impacted by the pandemic. The Board of Supervisors in compliance with U.S. Department of Treasury guidelines has established the following funding objectives for this grant opportunity:

- Support urgent COVID-19 response efforts carried out by non-profit agencies to continue to decrease spread of the virus and bring the pandemic under control.
- Support immediate economic stabilization for households and businesses; and
- Address systemic public health and economic challenges that have contributed to the unequal impact of the pandemic.
- Mitigate demonstrated financial hardship resulting from COVID-19 public health emergency including covering payroll, mortgages or rent, and other operating expenses.

Grant awards must comply with the regulations and guidelines issued by the U.S. Department of Treasury for the State and Local Fiscal Recovery Fund which can be found online at <https://home.treasury.gov/policy-issues/coronavirus/assistance-for-state-local-and-tribal-governments/state-and-local-fiscal-recovery-funds>. The Treasury has also published an [Interim Final Rule](#) that implements the provisions of this program which provides additional guidance and restrictions. These guidelines are subject to change once the Treasury publishes its final guidance. Only non-profit organizations that are exempt from federal income taxation as described in section 501(c)(3) of the Internal Revenue Code are eligible for ARPA funding.

Applicants will be required to submit the CID Fund Application for each district in addition to the supplemental ARPA application. Please note that this is a one-time funding request.

APPLYING FOR THE FOLLOWING COVID-19 FUNDING OBJECTIVES (check all boxes that apply):

1) Support urgent COVID-19 response efforts carried out by non-profit agencies to continue to decrease spread of the virus and bring the pandemic under control	
2) Support immediate economic stabilization for households and businesses	
3) Address systemic public health and economic challenges that have contributed to the unequal impact of the pandemic	
4) Mitigate <u>demonstrated</u> financial hardship resulting from COVID-19 public health emergency including covering payroll, mortgages or rent, and other operating expenses	

Section 1 - APPLICANT INFORMATION

1. Legal Name of Applicant Organization or Sponsoring Organization:		
2. Mailing Address:		
3. City:	4. Zip:	5. Telephone:
6. Website:		7. Fax:
8. Contact Person (name and title) for this Grant Request:		9. Contact Person's Email Address:
10. Number of paid staff:	11. Number of Volunteers:	12. Year Organization founded:
13. Geographic area(s) served:		

Section 2 – APPLICANT ORGANIZATION CLASSIFICATION (check one box):

14. Type of Organization:	
<input type="checkbox"/>	Non-Profit (IRS 501 designated) – <i>Attach IRS Form 990 or fill out the attached Schedule A</i>
<input type="checkbox"/>	

Section 3 – PROJECT or PROGRAM DESCRIPTION:

15. Using a **12-point font** and on **no more than two (2) single-spaced typed pages** please elaborate on the following considerations in relation to this grant request:

- A. Please provide a **brief description** of the **project** or **program** and include a **specific description** of how the funding will be used to respond to the impacts of COVID-19 and the funding objectives detailed on page #1. Include a physical address of the project or program; Please describe the **target population(s), the impact of the pandemic on this population** and **number of people** who would benefit, please note if the target population includes **disadvantaged communities** or communities disproportionately impacted by the pandemic.
- B. Please describe how you will **evaluate or measure** the impact of this grant request.
- C. Please **list the names** and **describe the roles** of key organizations or agencies that will collaborate with your organization to implement this Program or Project.



County of Riverside

Community Improvement Designation (CID) Fund – American Rescue Plan Act Funding

Supplemental ARPA Request Application for Non-Profit Organizations



SIGNATURE PAGE

The applicant acknowledges and agrees to the following American Rescue Plan Act (ARPA) Compliance Requirements:

- Accounting records and supporting documentation shall be made available to Single Auditors and the County Executive Office representatives upon request.
- The awardee shall submit a quarterly progress report by the 15th of the month following the end of the previous quarter. The report shall include a detailed description of the activities completed within the reporting period, amount of funds spent to-date, supporting back-up documentation (invoices, checks ...etc.) for all expenses incurred within the reporting period, remaining funds, and the spending plan to disburse the remaining funds on or before December 31, 2024. All reports shall be emailed to RIVCOARPA@rivco.org
- The awardee shall submit a final progress report upon full maximization of their award. The report shall include a full detail of all expenses incurred, any adjustments applied to previous reports, and a final summary of all activities completed.
- The awardee shall retain all records related to the funding received for a period of 3 years.
- The awardee shall adhere to all related compliance requirements as reflected in the US Treasury Interim and Final Guidelines.
- Funds will have to be fully expended by December 31, 2024.

I/We also acknowledge, understand, and will abide by the compliance requirements listed above.

Prepared by:

Name and Title (Please print or type):

Signature:

President or Authorized Officer:

Signature:

Organization Name:

Mailing Address of Organization:

Telephone number:

Date: