



Nonprofit Application User Guide

This document is only a guide to assist applicants when completing the Nonprofit Application. Applicants can find the application portal by clicking this link <https://arpa.greenecountymo.gov>. Additionally, you can find the portal by going to Greene County's main page <https://greenecountymo.gov>, clicking the "American Rescue Plan Act" tab, then selecting "Nonprofit Application."

Once in the application portal, select "register" in the top left corner of the page to register your account. Once registered, you can begin your application.

This instruction guide is intended to clarify what information is needed in each section of the application. If you have further questions, please contact the Greene County ARPA Team at arpa@greenecountymo.gov or (417) 799-1563. Please see the eligibility criteria at the beginning of the application before starting the application.

(1) Qualifying Criteria

Please check all of the following criteria that matches with your organization. Each of the following criteria must be selected to be eligible.

- a. The organization is located in Greene County, Missouri or provides services for Greene County residents: ____
 - i. If organization's primary office is outside of Greene County, grant dollars may only be requested for work completed in Greene County for Greene County residents.
- b. The organization has existed in Greene County, Missouri as of March 3, 2021: ____

- c. The organization has maintained without revocation nonprofit status with a ruling date at or before March 3, 2021: ____
- d. The organization can demonstrate the existence of negative impacts incurred as a result of the COVID-19 public health emergency since March 3, 2021: ____

(2) General/Contact Information

e. Organization

- i. Registered Name of Organization:** Provide the legal name of the organization requesting funding.
- ii. Organization Email:** Provide an appropriate email address suitable for future correspondence.
- iii. Organization Phone Number:** Provide a phone number suitable for future correspondence.
- iv. Website or Facebook Page Address:** Provide the link to a website or Facebook page that is currently in use.
- v. Organization Operating Address:** Provide the address of the organization requesting funding. If you are a branch of a larger organization, provide the address of your branch.
- vi. Description of General Organization's Purpose or Mission:** Provide your organization's purpose or mission statement. If you do not have one, provide a brief description of your primary service.
- vii. Approximately how many individuals do you currently serve on an annual basis?** Approximate the number of clients your organization provides services to within a year.
- viii. Is the organization located within Greene County, MO?** Is the organization or organization branch you represent located within Greene County, MO? Funds are only available for organizations service residents of Greene County, MO. If no, please explain.
- ix. Does the organization have additional locations, facilities, or offices located outside of Greene County, MO?** Does your

organization have offices, branches, or locations outside of Greene County, MO?

If yes, please explain.

- x.** **Year Established:** Provide the year in which your organization was established.
 - xi.** **FEIN Number:** Provide your organization's nine-digit Federal Employer Identification Number (FEIN).
 - xii.** **DUNS Number, Taxpayer Identification Number (TIN), or Unique Entity Identifier (UEI):** Provide one of the following: Data Universal Number System (DUNS) Number, Taxpayer Identification Number (TIN), or Unique Entity Identifier (UEI). If your organization has a UEI, please defer to that option.
 - xiii.** **Number of Employees:**
 - 1. Full-Time:** Provide the number of full-time employees currently employed by your organization.
 - 2. Part-Time:** Provide the number of part-time employees currently employed by your organization.
 - 3. Volunteers:** Provide the number of volunteer workers currently working for your organization.
- f. Point of Contact**
- i.** **Name:** Provide the name of an individual who will act as a contact representative and source of further information for the organization requesting funds.
 - ii.** **Email:** Provide the email address belonging to the contact representative.
 - iii.** **Phone Number:** Provide the phone number belonging to the contact representative.
 - iv.** **Position:** Provide the contact representative's title/position within the organization.

(3) Employee Demographic Information

(OPTIONAL) The following section is optional. Organizations who do not complete the section will not be penalized, and the amount of ARPA funds

will not be negatively impacted. Should you choose to complete the following section, the information provided will be used exclusively for internal reporting in accordance with the equity component of the US Treasury guidelines.

i. Racial Makeup of Employees

1. Approximately what percentage of your employees report

being: Provide the racial/ethnic makeup of those employed by your organization. Ensure that the statistics are represented by percentages. If you choose to not disclose this information, check the line after “Unsure or Prefer Not to Say.”

- a. White___
- b. Black/African American___
- c. Hispanic/Latino___
- d. American Indian/Alaska Native___
- e. Asian___
- f. 2 or More Races___
- g. Other___
- h. Unsure or Prefer Not to Say___

ii. Gender Makeup of Employees

1. Approximately what percentage of your employees report

being: Please provide the gender makeup of those employed by your organization. Ensure that the statistics are represented by percentages. If you choose to not disclose this information, check the line after “Unsure or Prefer Not to Say.”

- a. Male___
- b. Female___
- c. Transgender___
- d. Non-Binary___
- e. Unsure or Prefer Not to Say___

(4) Clientele Demographic Information

(REQUIRED) *The following section must be completed for ARPA funding consideration. The responses provided will not be disclosed to other organizations. The information provided will be used exclusively for internal reporting in accordance with the equity component of the US Treasury guidelines.*

i. Racial Makeup of Clientele

1. Approximately what percentage of your serviced clientele

is: Please provide the racial/ethnic makeup of those served by your organization. Ensure that the statistics are represented by percentages. If you choose to not disclose this information, check the line after “Unsure or Prefer Not to Say.”

- a. White___
- b. Black/African American___
- c. Hispanic/Latino___
- d. American Indian/Alaska Native___
- e. Asian___
- f. 2 or More Races___
- g. Other___
- h. Unsure or Prefer Not to Say___

ii. Gender Makeup of Clientele

1. Approximately what percentage of your serviced clientele

is: Please provide the gender makeup of those served by your organization. Ensure that the statistics are represented by percentages. If you choose to not disclose this information, check the line after “Unsure or Prefer Not to Say.”

- a. Male___
- b. Female___
- c. Transgender___
- d. Non-Binary___
- e. Unsure or Prefer Not to Say___

(5) Application Overview

(REQUIRED) There are three funding tiers that organizations may apply for based on your agency budget. Applicants are strongly encouraged to keep their funding request in a range that does not exceed twenty percent of the total organization budget. Organizations in Tier 3 will be considered for a 2-year funding cycle.

The tier system is constructed in the following manner:

- Largest Tier – Grant awards between \$250,001 and \$500,000
- Middle Tier – Grant awards between \$50,000 and \$250,000
- Lowest Tier – Grant awards between \$1 and \$49,999

Organizations are eligible to apply for a grant based on their agency budget.

- Largest Tier – Operating Budget of \$1.25M or Greater
- Middle Tier – Operating Budget of \$250,000 to \$1.25M
- Lowest Tier – Operating Budget of \$0 to \$250,000

a. Project Details

- i. What is your proposal requested amount?** Provide the requested amount of funds for your proposal.
- ii. Please provide a brief description of your proposed project:** Provide a description detailing how your organization would use the requested funds.
- iii. Describe the community need for your project:** Explain how Greene County residents would benefit from your proposed project or use of funds. What is the desired need that your proposal will provide?
- iv. Is this a new, existing, or revised project?** If your project is a new development yet to be started, select “New.” If your project is already underway, select “Existing.” If the purpose and direction of your existing project will change as a result of these funds, select “Revised.”

1. New___ Existing___ Revised___

- v. **Who will benefit from this proposed project and how?** Describe the demographic groups that will benefit from your proposed project. How will they benefit?
- vi. **How many individuals/families will be served by this project?** Estimate how many individuals or families will be served by your proposed project.
- vii. **Approximately what percentage of those served will be Greene County, MO residents? ___%** Provide the percentage of those served by your project that are Greene County residents.
- viii. **How will these funds help you respond to or recover from COVID-19?** Explain how the potential funding could assist your organization in recovering from the losses incurred during the COVID-19 Pandemic.

b. ARPA Utilization

- i. **Please check the eligible use(s) under ARPA for which you are applying:** The eligible uses of ARPA funding can be broadly represented by these three options. Select the option(s) that best match your proposed project.
 - 1. To respond to negative economic impacts___
 - 2. To respond to the public health emergency___
 - 3. To respond to disproportionately impacted communities___
- ii. **Please select all of the eligible expenditure categories that apply to your requested funding** (<https://home.treasury.gov/system/files/136/SLFRF-Compliance-and-Reporting-Guidance.pdf>): Under the U.S. Department of the Treasury's guidance for State and Local Fiscal Recovery Funds (SLFRF), 66 eligible expenditure categories are provided. Out of this reduced (but relevant) list, select all of the categories that your proposed project would fall under.

Public Health

1. Mental Health Services___
2. COVID-19 Vaccination___

Negative Economic Impacts

3. Housing Support: Affordable Housing___
4. Housing Support: Services for Unhoused Persons___
5. Small Business Economic Assistance___
6. Aid to Nonprofit Organizations___
7. Household Assistance: Food Programs___
8. Healthy Childhood Environments: Child Care___
9. Healthy Childhood Environments: Services to Foster Youth___
10. Aid to Tourism, Travel, or Hospitality___

Other

1. Other___

- ii. Will the appropriated funds be used exclusively for expenditures as described in the project overview? Confirm whether or not your requested funding will be repurposed for expenditures not associated with your project.
 1. Yes___ No___
- iii. Will the funds be used exclusively for the benefit of citizens in Greene County, Missouri? Confirm whether or not your requested funding is intended to be used in Greene County only. The funds should prioritize serving Greene County residents.
 1. Yes___ No___
- iv. Please describe what steps you will take to ensure the appropriated funds are used in accordance with ARPA eligible uses: How will your organization ensure funding is spent in accordance with the U.S. Treasury's eligible uses?

b. Project Financing

- i. **What is the estimated total project cost?** What is the estimated total cost of your organization's project? This total may be the same as the requested funding amount.
- ii. **Has the organization received any donations, grants, and/or other financial resources including ARPA, CARES, and/or PPP that were or will be used for any of the expenses listed in the project?** Confirm whether or not your organization will be using other federal funding associated with the American Rescue Plan; Coronavirus Aid, Relief, and Economic Security Act; or the Paycheck Protection Program to pay for the expenses of your project.
 1. **If yes, how much of the expense was covered by those resources?** How much of the project expenses do you expect to be covered by previous federal funding? Provide the documentation associated with the previous federal funding. \$____ (attach documentation)
- iii. **Is this request for funding something that you budgeted for in the current budget year?** Confirm whether or not your organization has budgeted for this request from funding in this current year's budget.
 1. Yes___ No___
- iv. **If your project will require long-term maintenance, how will you ensure the project is sustained continually?** The funding you receive from Greene County may not fully fulfill your proposed project. Your project may require additional funding to continue its purpose. Explain how you plan to ensure your project's sustainability.

c. Organization Compliance

- i. **Is the organization suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or**

agency, or presently involved in any bankruptcy? Confirm whether or not your organization has been suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy.

1. Yes ___ No ___

ii. **Has the organization obtained a direct or guaranteed loan from a federal or state agency that is currently delinquent or has defaulted in the last 7 years?** Confirm whether or not your organization has obtained a direct or guaranteed loan from a federal or state agency that is currently delinquent or has defaulted in the last 7 years.

1. Yes ___ No ___

d. **Service to Underrepresented Residents**

- i. **Will this project assist underserved or underrepresented residents recovering from COVID-19? If so, how?** Confirm whether or not your proposed project or use of funds will assist underrepresented Greene County residents recovering from the pandemic. If so, explain how it will assist these residents.
- ii. **Are any underserved or underrepresented residents placed at a disadvantage as a result of this project? If so, how?** Confirm whether or not your proposed project or use of funds will put any underserve or underrepresented Greene County residents at a disadvantage. If so, explain how your proposed project or use of funds may negatively impact these residents.

(6) Supporting Documentation

Please attach all of the following documents for your application. These files should be current and accessible. For additional assistance, please contact the Greene County ARPA Team.

a. **Nonprofit Determination Letter**

- b. IRS Form 990
- c. Secretary of State Nonprofit Registration
- d. Current Board of Directors Roster
- e. Board Member Certification Form
- f. Current Financial Statement
- g. Additional Attachments (if requested)
 - i. Receipts for Eligible Project (If seeking reimbursement for eligible expenditure project, please attach paid receipts)

(7) Confirmation

By submitting this application, you certify under penalty of perjury that all information contained in this application is reasonable and accurate to the best of your knowledge. Any false statement or misinterpretation for a federal grant program may result in criminal, civil, or administrative sanctions.

You agree to provide any further documentation if requested during future audits conducted for this program.

Please sign and date on the lines provided below. By signing your name, you provide a legal attestation that the information in this application is accurate to the best of your knowledge. Greene County reserves the right to request additional information if needed to determine the eligibility of your organization and its compliance with the U.S. Treasury's guidance.

Signature

Date

(8) Board Member Certification

On the dashed line, please provide the name of the organization you represent. Below, sign your name and print today's date. By completing this certification, you confirm that you have an active board that is informed on any decisions to request American Rescue Plan Act (ARPA) funds.

I am chairperson of the Board of Directors of _____.
Our board meets on a regular basis and we are aware that this application is being submitted to Greene County to request American Rescue Plan Act (ARPA) funding.

Signature

Date

(9) Post-Project Grant Report

The post-project grant report will be completed by each funded organization at the end of their project. Each question must be completed for federal reporting purposes. This report is given at the onset of the application process to make each applicant aware of the requirements.

Grant Overview Information	
Organization Name:	
Leadership Name & Title:	
Grant Amount:	
Date of Award:	
Grant Purpose:	

Narrative and Outputs	
Please briefly describe how ARPA grant funds were used:	
Please provide responses to the following project/program outputs: # of participants served # of demographic characteristics # of project outcomes	
Please share any other impacts this funding made on your organization or clients. Did other projects or collaborations come about because of this funding?	
Will this program continue in any form once grant funding is utilized? Please explain.	

Success Story

Please share a success story from this funding. You may submit your story as a separate document or use the space below. Please describe how a particular client, group of clients, or your organization was impacted due to this funding. Be sure to highlight how this funding was used to improve client or organizational conditions.

Please include detailed budget and expenditures.

Please note: You are required to retain all accounting, including invoices and receipts, for this grant for five years. Should this ARPA grant be audited, you will be financially responsible for showing this documentation. Failure to do so could require you to return the reward amount to Greene County.

Upon completion of the report, please submit via email to arpinfo@greenecountymo.gov.