

Organization Information:

Legal Name of Organization: _____

Doing Business As (DBA): _____

Federal Tax ID Number: _____

SAM.Gov ID: _____

Organization Physical Address: _____

Mailing Address: _____

CEO/Executive Director Name: _____

Organization Telephone Number: _____

Email Address: _____

Website: _____

Date Organization Founded: _____

Geographic Area(s) Served: _____

Tax Exemption Status: _____

Contact Person: _____ Title: _____

Contact Person Telephone Number: _____

Contact Person Email Address: _____

1. Organization Mission or Vision Statement - Primary Purpose:

2. Is this organization currently in good standing with the State of Illinois and current on local taxes and utility bills?

- Yes
- No

3. Is this organization currently in good standing and in compliance with all applicable Federal, State and Local Laws?

- Yes
- No

4. If no to either #2 or #3, please provide information about status and standing:

5. Are any of the organization’s staff or Board Members immediate family members of County Staff or an Elected Official?
- Yes
 - No
6. If you answered “yes”, please list out family members and their relation:
-
-
-
-
7. In the space below, please provide the number of full-time equivalents, part-time employees, or volunteers:
-
-
8. Describe the services the organization provides to Will County residents. If the organization is not located in Will County, specifically indicate the total number or percentage of individuals served residing in Will County.
-
-
-
-
-
9. Describe the organization’s target population served. (Mark all that apply)
- Youth (up to 17 years of age)
 - Adolescents (18 to 24 years of age)
 - Adult (25 to 62 years of age)
 - Seniors (over 62 years of age)
 - Disproportionately Impacted (see Resource Library – Definition)
 - LGBTQ+ Community
 - Veterans
 - Persons with Disabilities
 - Other: _____
10. Does the organization count persons served, or households served?
- Persons/Individuals
 - Households
11. How many persons/households did the organization serve in the most recent complete fiscal year?
- Organization’s Fiscal Year: _____
- Total Households: _____
 - Total Residents: _____

Grant Request Information

12. Amount of Award Request: _____

Note: Will County reserves the right to award less funds than requested. Applicants should be prepared to discuss what a reduction would look like for the project.

13. **Subrecipient Grant Award** budget request (populate only those that apply):

Blank line items are for applicants to include expenditures related to the project not otherwise identified. You may also choose to upload a separate budget attachment with narrative to support the project request.

<u>Budget Cost Categories</u>	<u>OMB Uniform Guidance Federal Awards Reference 2 CFR 200</u>		<u>Total Expenditures</u>
1. Personnel (Salary and Wages)	200.430	\$	
2. Fringe Benefits	200.431	\$	
3. Travel	200.475	\$	
4. Equipment	200.439	\$	
5. Supplies	200.313	\$	
6. Contractual Services and Subawards	200.201	\$	
7. Consultant (Professional Service)	200.201	\$	
8. Construction	200.201	\$	
9. Occupancy (Rent and Utilities)	200.311	\$	
10. Research and Development (R&D)	200.445	\$	
11. Telecommunications	200.445	\$	
12. Training and Education	200.445	\$	
13. Direct Administrative Costs	200.445	\$	
14.			
15.			
16.			
17.			
18.			
19.			
20.			
14. Miscellaneous Costs		\$	
a. Advertising and public relations	200.445		
b. Materials and supplies costs, including costs of computing devices			
15. <i>Add additional cost items as needed</i>			
16. Total Direct Costs (add lines 1-15)		\$	
17. Total Indirect Costs			
Rate %:		\$	
Base*:		\$	
18. Total Costs Federal Grant Funds (Lines 16 and 17)		\$	
<u>MUST EQUAL REVENUE TOTALS ABOVE</u>			

* The Base is modified direct total costs (MTDC) of the subaward project. Pursuant to 2 CFR 200.68, MTDC means all direct salaries and wages, applicable fringe benefits, materials and [supplies](#), services, travel, and up to the first \$25,000 of each [subaward](#) (regardless of the [period of performance](#) of the [subawards](#) under the award). [MTDC](#) excludes [equipment](#), [capital expenditures](#), charges for patient care, rental costs, tuition remission, scholarships and fellowships, [participant support costs](#) and the portion of each [subaward](#) in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the [cognizant agency for indirect costs](#).

Type of Grant Requested:

Programs or Services to Support Long-Term Housing Security

- Development of affordable housing
- Permanent supportive housing
- Investments in neighborhoods to promote improved health outcomes
- Improvements to vacant and abandoned properties, including rehabilitation or maintenance, renovation, removal and remediation of environmental contaminants, demolition or deconstruction, greening/vacant lot cleanup & conversion to affordable housing

Childcare and Early Learning Services

- Home visiting programs
- Services for child welfare involved families and foster youth
- Childcare facilities

Assistance to Address the Impact of Learning Loss for K-12 Students in High-Poverty School Districts

- Schools and other educational equipment & facilities
- Services to address educational disparities & educational and evidence-based services to address student academic, social, emotional, and mental health needs

Other:

14. Describe in detail what the grant funds will be used for according to the boxes checked in the question above:

15. Has the organization previously managed or utilized federal grants or support in the past 3 years?

- Yes
- No

16. If yes, please describe processes or efforts that are currently in place to effectively manage federal grant funds.

17. Applicant agrees to expend all funds requested by December 31, 2026.

I agree

Project/Program Details

18. Describe how the planned project/program responds to needs created or intensified by the COVID-19 public health emergency?

19. Identify and describe existing needs in the community that the project/program will address.

20. Describe the goals and objectives of the project/program. Provide performance metrics and explain how each will be measured.

21. Describe how the project/program will remain viable beyond fully expending ARPA. Include details about existing pursuits, plans to fundraise, or adjust budget to accommodate the project/program.

25. Please indicate the readiness to fund/implement by indicating what stage the project/program is in:

- Operating Scale:** Team has evidence its strategy achieves impact and is delivering the solution at scale (Provide documentation as an attachment supporting selection)
- Scaling:** Team has evidence of impact and is expanding/adapting the strategy to a greater number of target beneficiaries, potentially in new geographies, but has yet to achieve large-scale implementation. (Provide documentation as an attachment supporting selection)
- Proof of Concept:** Team has been implementing the strategy for a small number of target beneficiaries with plans to scale (Provide documentation as an attachment supporting selection)
- Local, State, National Initiative:** Team has been required or requested to comply with implementing a mandate or strategy to address beneficiaries access or ability to receive services (Provide documentation as an attachment supporting selection)

Briefly identify the reason or justification for selection above including description of attachment:

COVID-19 Impact

26. Describe the impact the COVID-19 public health emergency has had on the organization's programs/activities (e.g., increased/decrease in demand for services, program modification due to social distancing, new programming to serve those impacted, limited operations, etc.).

27. Describe the impact the COVID-19 public health emergency has had on the organization's finances (e.g., increased, or new expenses, reduced/canceled fundraising, loss of earnings, decline in revenue, etc.).

28. Describe the impact the COVID-19 public health emergency has had on the organization (e.g., staffing changes, volunteers' impact, periods of closure, mitigation efforts to contain the spread of COVID, etc.).

29. What steps has the organization taken to address the financial impacts of COVID-19 to date?

30. If the organization receives the funds requested, what is the anticipated future social and/or economic impact to the community and persons/households/business served? What opportunities do you anticipate it will create?

Alternate Funding

31. Has the organization received other COVID-19 funding assistance such as, but not limited to, Federal CARES Act funding; Paycheck Protection Program (PPP) Loans; Economic Injury Disaster Loans (EIDL); or Community Development Block Grant Coronavirus (CDBG-CV) funds?

- Yes
- No

32. If you answered "Yes" to the question above, describe amount(s), funding agency(s), date funds received, and use(s). Please include proof of funding and documentation of use.

33. Are there other grants the organization has currently applied for or intends to apply for?

- Yes
- No

34. If you answered yes to the question above, please list each application filed or intent to file below

35. If you answered yes to question #34, please confirm this applicant agrees to advise when they get a final response from each of those applications listed above

- I Agree

36. Does the organization currently employ, or have access to, a grant writer?

- Yes
- No

Financial/Insurance Information

37. Revenue for the past fiscal year? _____

38. Projected revenue for the current fiscal year? _____

39. Projected expenditures for the current fiscal year? _____

40. Dates covered by organization fiscal year: _____

41. Describe how the organization typically raises funds, pre-COVID-19?

42. Please complete the types of insurance the organization carries and note the maximum amount per occurrence.

- General Liability \$ _____
- Automobile Liability \$ _____
- Workers Compensation \$ _____

SIGNATURE

I hereby certify that the statements and documents submitted herein are true and the funds requested adhere to the Will County American Rescue Plan Comeback Program guidelines.

Grant Preparer

Print Name

Title

Signature

Date

Organization CEO, Executive Director, or Authorized Representative

Print Name

Title

Signature

Date