# American Rescue Plan (ARP)

# INFRASTRUCTURE APPLICATION

Will County received $134 million in American Rescue Plan (ARP) funds, of which up to $16 million will be made available to agencies for eligible water, sewer, and broadband infrastructure projects.

Will County received nearly 100 Letters of Intent (LOI) which enabled Will County to develop a plan for the use of the funds and, to be considered for funding, must complete this grant application.

Infrastructure projects funded through this program should primarily benefit residents of Will County. The funding request is capped at $500,000 but the total project cost may be in excess if the project has secured funds and does not incur debt.

All questions must be submitted in writing to arpainfo@willcounty.gov. Technical assistance may be available through the open application period. The last day to submit questions is Friday, February 24 at 4:30 pm CST.

Awards for a funded project, if selected, will be provided on a cost reimbursable basis for eligible activities undertaken after execution of a grant agreement with the subrecipient. Work that is contracted for prior to the execution of the agreement with the County or that has not been competitively procured cannot be funded with ARP. All items purchased with ARPA funds must be competitively procured in compliance with 2CFR200, whether by bid or quote, as specified in the grant agreement.

**Scoring Considerations**: Applications will be evaluated based on the criteria below.

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| --- |
| Impact of Project and Clientele Served |
| Organizational Capacity and Experience |
| Budget & Leveraged Funds |
| Feasibility |
| Alignment with Treasury-allowable fund uses |
| Project Evaluation |

1. **APPLICANT INFORMATION**

Applicant:

Address:

DUNS #:

Contact: Title: \_

Phone #: Fax #:

Email:

Applicant Type: ☐ Local Government

* Special Purpose District
* Public Works Commission
* Joint Municipal System
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Applicant is submitting on behalf of a not-for-profit water/sewer/broadband company or other eligible entity (provide name)

Name:

***Please list below the information for any partner organizations that will be involved in the implementation of this grant.***

Firm/Organization Name:

Contact Person: Title:

Phone #: Fax #:

Email:

Firm/Organization Name:

Contact Person: Title:

Phone #: Fax #:

Email:

## GENERAL INFORMATION

* 1. ***Project Name and Location:***

Name:

Physical Location:

Service Area:

* 1. ***Infrastructure project type (please select category and subcategory)***
		1. Water
			+ Energy conservation
			+ Water conservation
			+ Non-point source
			+ Treatment
			+ Transmission and distribution
			+ Transmission and distribution: Lead remediation
			+ Drinking water source
			+ Drinking water storage
			+ Other water infrastructure (Please specify, )
		2. Sewer
			+ Centralized wastewater treatment
			+ Centralized wastewater collection & conveyance
			+ Decentralized wastewater
			+ Combined sewer overflows
			+ Other sewer infrastructure (Please specify, )
		3. Broadband
			+ New broadband network
			+ Expansion of an existing broadband network
			+ Improvements/Upgrades to an existing broadband network
			+ Modernization of cybersecurity
			+ Other broadband infrastructure (Please specify, )
	2. ***Is the applicant receiving or expecting to be awarded State or Federal funds (FEMA, CDBG, etc.) for this specific project or project phase?***
		1. Yes ☐ No

***If so, please list dates and amounts.***

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| --- | --- |
| ***Date*** | ***Source & Amount*** |
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* 1. ***If this is a phased project, please list prior phases and funding amounts.***

|  |  |  |
| --- | --- | --- |
| ***Project Phase*** | ***Date*** | ***Funding*** |
|  |  | * Yes ☐ No
 | *Amount Received:* |
|  |  | * Yes ☐ No
 | *Amount Received:* |
|  |  | * Yes ☐ No
 | *Amount Received:* |

## PROJECT BENEFICIARIES

Infrastructure projects must consist of water, sewer and/or broadband improvements. All water and sewer projects must be categorized as a necessary investment under U.S. Treasury rules ([SLFRF-Final-Rule-Overview.pdf (treasury.gov)](https://home.treasury.gov/system/files/136/SLFRF-Final-Rule-Overview.pdf)). All broadband project providers MUST be enrolled in a low-income subsidy program and be designed to meet or exceed 100 Mbps download speeds.

#### Project Benefit

Total Customers/Taps (existing and new) to be served by the project:

**Residential**: **Commercial:**

**Public (school/fire):** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Other:**

#### Benefits to Low and Moderate-Income (LMI) Persons

Please identify if your project will provide infrastructure to any areaswhere a percentage of the residents are low and moderate-income persons (LMI) (minimum 50%) (check the statement that applies - check only one):

* The area is Census Tract(s), Block Group(s) that is

 **Percent LMI**; OR

* Benefits a low to moderate income service area, as evidenced through surveying
* Does not provide benefits to any low to moderate income service areas,

**Urgent Need**

* If this project addresses a critical public health need, please describe below

#### COVID-19 impacts

Describe how the community to be served by this project has suffered disproportionate negative impacts due to the COVID-19 pandemic. If applicable

## PROJECT COSTS

Provide the financial data requested below. Costs should be based on the best information available. More exact figures will be requested, if needed. When preparing this data, consider the following:

* A project should be completed in one phase if feasible;
* Cost estimates must be as detailed as possible; and
* It is likely that most projects will not begin construction until mid-to-late 2023.
	1. Total Project Costs: (Note: a + b must = c)
		1. Amount of ARP Funds Requested
		2. Amount of Non-ARP Funds:
		3. Total Project Cost:
	2. Breakdown of Non-ARP Funds:

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| --- | --- | --- |
| **Fund Type** | **Fund Name** | **Amount** |
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**G. PROJECT NARRATIVE AND OBJECTIVES**

**Please include a narrative on separate pages as Exhibit D (not to exceed 3 pages, single spaced, exclusive of exhibits).**

1. Definition of the Problem and Need:
	1. Explain the need for this project including summary of current condition, capacity, and deficiencies of existing systems. Provide detailed specific information on the urgency and severity of the need for this project such as health and safety problems, substandard conditions, public facility problems, lack of essential services, etc.
	2. Explain why the proposed project cannot be undertaken without ARP funds
2. Project Description
	1. Scope of Work – Include a description of the specific project activities that will be undertaken.
	2. Service Area - Include the exact street location, the geographical boundaries, characteristics, and nature of the neighborhood/community of the project. You may include photos as additional attachments.
	3. Feasibility – Identify how the project will solve the problem or improve conditions. If the project does not completely solve a systemic or area-wide problem, indicate plans and proposed funding for the remaining need and timeframe. Address the proposed project schedule and any anticipated or potential delays. Provide a plan for project sustainability, including the applicant’s ability to operate and maintain system improvements.
	4. Evaluation – Provide a plan to measure the success of the project and service provided to local clientele.

## ENGINEERING REQUIREMENTS

* 1. *List all applicable federal, state, and local permits and/or approvals required for this project and list the status of each permit or approval in the space provided.*

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| --- | --- | --- |
| **Permit or Approval Required** | **Application Date** | **Status** |
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* 1. *If the need for permits or approvals has not been identified and/or if the application submission process for permits has not been started, please explain why not. If application for permits has not begun, provide a schedule for application.*

## APPLICANT CERTIFICATION

***THE APPLICANT CERTIFIES THAT:***

To the best of its knowledge and belief, the data and statements presented in this application are true and correct; the governing body of the applicant has duly authorized the document; and the applicant will comply with the certifications listed above if the application is approved.

**Certifying Representative**

**Name: Title: Signature: Date:**

# List of Exhibits

### EXHIBIT A - PROJECT IMPLEMENTATION SCHEDULE

**Task/Activity Completion Date**

* 1. Submit Preliminary Plans and Specs
	2. Publish Notice to Bidders
	3. Public Bid Opening
	4. Award Construction Contract
	5. Preconstruction Meeting
	6. Issue Notice to Proceed
	7. Start Construction
	8. Project Construction Must be 50% Completed
	9. Project Construction Must Be 100% Completed

* 1. Complete "Punch List" Items
	2. Submit Final Change Order and Final Invoice
	3. Execute Certificate of Acceptance for Project

### EXHIBIT B – FUNDING COMMITMENT LETTERS

* Please provide any letters of funding commitments received.

### EXHIBIT C - COST ESTIMATE

* It is recommended that a copy of the preliminary plans and specifications be submitted with the Construction Cost Estimate.
* Construction Estimate (prepared within last 12 months):
* Source of Estimate: ex: Engineering Firm

### EXHIBIT D – PROJECT NARRATIVE

* Please answer all questions in Section G.
* Please do not exceed 3 pages.

### EXHIBIT E – LOCATION/SERVICE AREA MAPS

* Attach a map of the entire County showing the general project location.
* Attach a map showing the specific project location.
* Attach at least one map showing the boundaries of the service area. All street names and reference points must be clearly labeled. If the project will be constructed in several phases, both the overall service area and individual service area for each phase of the project must be described and identified.

### EXHIBIT F – PROJECT TEAM INFORMATION, COMMITMENT LETTERS, AND BUDGETS

* Program/Project Manager (Project Lead) Resume
* Provide a list of any and all partners who are participating in project implementation
* Specify the role(s) of each partner in project implementation.
* Please provide commitment letters and budgets (if required) for all partners and subrecipients participating in the project .

### EXHIBIT G - CURRENT YEAR BUDGET

* Please provide the current year budget for your organization. (should include your annual budget, capital improvements budget, anticipated operating reserve)

### EXHIBIT H - MOST RECENT AUDITED FINANCIAL STATEMENTS

* Please provide a copy of your organization’s most recent audited financial statements.

### EXHIBIT I – ADDITIONAL SUPPORTING DOCUMENTATION

* Attach documents and current data including such items as surveys, reports, feasibility studies, letters, traffic/pedestrian counts, well/on-lot sewage disposal system test data, newspaper articles, petitions, preliminary site plans/drawings/technical specifications, zoning/tax maps, inter-municipal agreements, letters from residents, letters of support from organizations, and other descriptive information.
* Attach photographs that will help visually show the problem and need.
* Please provide all preconstruction documentation including water, sewer, DHEC, Army Corps of Engineers, local building code approval, planning, zoning, and permitting if necessary for the project.

**EXHIBIT J – APPLICANT RISK ASSESSMENT**

**Note**: All applicants must complete this risk assessment. Please answer all questions. Failure to complete this risk assessment will result in your program not being funded.

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| **MANAGEMENT SYSTEMS** |
| 1. *Has your organization had any changes to key staff or positions (responsible for implementation of projects utilizing Federal grant funds) in the past 12 months? If yes, explain.*
 | * Yes
 | * No
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|  |
| 1. *Has your organization had any changes to business systems (related to the*

 *implementation of projects utilizing federal grant funds) in the past 12**months? If yes, please explain.* | * Yes
 | * No
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| **AUDIT REPORTS AND MONITORING** |
| 1. *Did your organization expend $750,000 or more in Federal grant funds in the*

*previous fiscal year?* | * Yes
 | * No
 |
| 1. *Has your organization had a Single Audit or other financial audit in the last 12 months? If so, please attach the full audit report, including corrective actions*

*as applicable.* | * Yes
 | * No
 |
| 1. *Has your organization had any monitoring visits by a funding agency within the last 12 months? If yes, please complete the table below indicating the*

*results of the monitoring activity.* | * Yes
 | * No
 |
| Awarding Entity | Result(Finding(s) - Yes/No) | Corrective Action PlanRequired? | Status(Open or Closed) |
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| **FINANCIAL STABILITY** |
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| 1. *Has your agency received other federal funds in any of the past four fiscal*

*years? If yes, what was the project, timeframe, funding source, and funding amount?* | * Yes
 | * No
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| --- | --- | --- |
| 1. *Has your organization been defunded or had a reduction in a grant, loan, or*

*other type of financial assistance in the past 12 months? If yes, please explain.* | * Yes
 | * No
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