

**FORT BEND COUNTY, TEXAS
FY 2021 AMERICAN RESCUE PLAN ACT (ARPA)
NON-PROFIT PARTNERSHIP GRANT PROGRAM**

Notice of Intent to Participate

The American Rescue Plan Act (ARPA) is intended to provide aid to state, local, Tribal, and territorial governments to be used for economic relief in response to the COVID-19 pandemic for “assistance to households, small businesses, and non-profits, or aid to impacted industries such as tourism, travel and hospitality.”

*****An organization CAN re-apply if they have applied for this Non-Profit Partnership Grant Program previously, however not for the same project and/or ask**

Non-profit impact needed as follows:

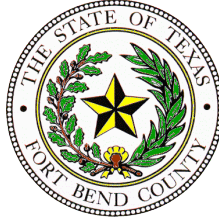
- Improve outcomes for local communities and residents traditionally left behind
- Enable non-profit organizations to hire more personnel and deliver services on which members of the community depend for their own relief and recovery
- Expand to provide more services especially where the needs are increasing

Types of entities supported by ARPA Grants:

- Non-profits organizations that were most impacted by the pandemic
- Non-profit organizations that addressed critical needs within the community, such as emergency food assistance, long-term housing and emergency shelter, technology support, childcare, youth empowerment, transportation, employment services, and health care services.
- Targeted assistance to the non-profit organizations that were historically less likely to be approved for federal support

Fort Bend County ARPA Non-profit Grant Program Eligibility Criteria, if applicable:

- Non-profit organization must be operational, located in, and serving Fort Bend County
- Documentation of Non-profit status (signed and dated articles of incorporation and by-laws)
- Loss of Revenue (based on IRS Form 990, 2019 & 2020)
- Increased Expenses (based on IRS Form 990, 2019 & 2020)
- Documentation of increased demand for ‘Existing Services’ (number of clients/cases/meals/etc. needing service)
- Special Projects related to providing ‘Post- COVID-19 Services’ to Fort Bend residents



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Other Eligible Uses (Not all-inclusive):

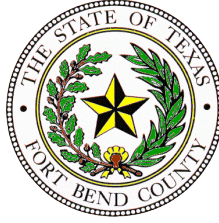
- Fundraising losses due to Pandemic
- Program Expenditures impacted by fundraising activities (food, education, etc.)
- Programs and Services focused on COVID-19 response and prevention
- Operational Expenses and Equipment
- Capital Improvements
- Other approved County defined priorities

Typical Project types:

- Economic Development
- Emergency Food Assistance
- Public Health
- Mental Health Support
- Family Violence & Child Abuse prevention, services, and support for victims
- After-school programs for kids
- Support non-English speaking communities through language translation and targeted outreach of existing resources and new resources
- Technology Access
- Residential assistance programs for seniors
- Food preparation and delivery services to support people in need
- Job Training & Placement
- Revenue Replacement
- Shelter/Prevention of Homelessness
- Long-term care

Information Needed from Non-profit Applicant:

- Application
 - Documentation of Non-profit status
 - IRS Form 990, 2019 & 2020
- W9
- Documentation of number of clients/cases/meals/etc. & associated costs
- Special Projects related to providing post COVID-19 services to Fort Bend residents
 - Proposal Form and Scope Summary
 - Budget / Expenditure Pro-forma
 - Measurable Outcomes
 - Compliance Plan



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Instructions:

This signed application, a brief narrative, and the budget pages are to be completed by eligible applicants. Submission of this application is not a guarantee that a project will be funded. The deadline to submit this application is 12:00 pm (noon) Friday, March 4, 2022. The application can be hand delivered or emailed to:

Shaireen Khawaja
Fort Bend County Judge's Office
Address: 401 Jackson Street, Richmond, TX 77469
Phone: 281-341-8608, 832-471-4136
Email: Shaireen.khawaja@fortbendcountytexas.gov



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| APPLICATION | |
|-----------------------------|---|
| Submitted by | Entity Name: _____ |
| Project Information | Project Title: _____ |
| | Total Project Costs: \$ _____ |
| Contact Person | Name: _____ |
| | Title: _____ |
| | Email Address: _____ |
| | Area Code & Telephone: _____ |
| Authorized Signature | Date |
| | |