City of Meriden

American Rescue Plan

Project Request Form

**Program/Project Title:**

Click or tap here to enter text.

**Submitting Organization:**

**Authorized Official:**

Click or tap here to enter text.

**Authorized Official Contact Email & Phone Number:**

**Organization DUNS/UEI NUMBER:**

**Organization Federal Employer ID Number:**

**Funding Request Amount:**

Click or tap here to enter text.

**Total Cost of Project:**

Click or tap here to enter text.

**Priority Ranking of Proposal**

*(Note: if you are only submitting one request enter 1)*

Click or tap here to enter text.

**Is your organization a For Profit Entity?**

Yes  No

If the Yes Box is checked please provide a confirmation letter on IRS 501c (3) status.

Please provide the following documentation:

1. Designation letter from the IRS or a Form 990
2. Designation letter from the Connecticut Secretary of State
3. Annual Audit Report

**American Rescue Plan Funding Category** *(please check as appropriate)*

1A. Respond to Public Health Emergency or its negative economic Impacts

1a. Covid-19 Mitigation and Prevention

1b. Medical Expenses

1c. Behavioral Health Care

1d. Public Health and Safety Staff

1e. Expenses to Improve the Design and Execution of Health and Public Health Programs

1f. Eligible Uses to Address Disparities in Public Health Outcomes (Qualified Census Tract)

1B. Responding to Negative Economic Impacts

1g. Assistance to Unemployed Workers

1h. Assistance to Households

1i. Expenses to Improve Efficacy of Economic Relief Programs

1j. Small Business and Non-profit Assistance

1k. Building Stronger Communities through Investments in Housing and Neighborhoods

1l. Addressing Educational Disparities

1m. Promoting Healthy Childhood Environments

2. Premium Pay for Essential Workers

3. Revenue Loss (City of Meriden only)

3a. Provision of Government Services

4. Investments in Infrastructure (check one below)

4a. Water and Sewer Infrastructure

4b. Broadband

**NARRATIVE: USE UP TO 250 WORDS FOR EACH RESPONSE BELOW**

**Project Details and Need**

Click or tap here to enter text.

**Problem/Issue Statement.**

*Identify a need and/or a negative impact due to the Covid pandemic that you are trying to address through this request.*

Click or tap here to enter text.

**Description of Proposal for Use of ARP Funds**

*Describe the services, products, research, or work that will be provided through this funding. Please use non-technical language where possible.*

Click or tap here to enter text.

**Project Goals/Results:**

*Briefly describe expected project results and goals as well as how you will monitor project progress*

Click or tap here to enter text.

**Budget Breakout:**

*Please include a breakout of how the requested funding will be used, such as for salaries, program materials, equipment, etc.*

Click or tap here to enter text.

**Timeline**

*Please include an anticipated timeline and, if relevant, completion date for the project or program*

Click or tap here to enter text.

**Partnering Organizations or Entities:**

*Please list any organizations that partner in this project*

Click or tap here to enter text.

**Past City Funding for this Project:**

*If yes please explain*

Click or tap here to enter text.

**CONTACT INFORMATION**

**Primary Point of Contact Name**

Click or tap here to enter text.

**Primary Point of Contact Title**

Click or tap here to enter text.

**Street Address**

Click or tap here to enter text.

**Street Address (2)**

Click or tap here to enter text.

**City**

Click or tap here to enter text.

**State**

Click or tap here to enter text.

**Zip Code**

Click or tap here to enter text.

**Primary Point of Contact Email**

Click or tap here to enter text.

**Primary Point of Contact Phone Number**

Click or tap here to enter text.

**Affirmations and Acknowledgements**

Submission of a request that meets the requirements of this form as well as any subsequent requirements does not guarantee the award of ARP funding and/or the support of the City of Meriden.

This request and any information submitted in support of it may be made public in part or in their entirety.

Any funding award associated with this request does not guarantee support or funding in future requests.

I affirm and acknowledge the above statements

Yes  No

APPLICANT CERTIFICATION

THE UNDERSIGNED CERTIFIES THAT:

1. The information contained in this document is complete and accurate;
2. The proposed program/project described in this application will meet the U.S. Treasury Guideline as part of the American Rescue Plan;
3. The applicant shall comply with all Federal, State and City laws, and ARPA requirements;
4. Sufficient funds are available from non‐ARPA sources to complete the project, as described, or operate the program through the fiscal year end on June 30, 2022, if ARPA funds are allocated to the applicant.

# Signature of Authorized Applicant Representative Date

DIRECTIONS FOR FILLING OUT FORM

1. Answers are required for every field.
2. Submit form to:

Jen Farina

[jfarina@meridenct.gov](mailto:jfarina@meridenct.gov)

City Manager’s Office

142 East Main Street

Meriden, CT 06450

ADDITIONAL INFORMATION

1. Forms will be available in the City Manager’s office and Mayor’s office. They are also available on the City’s website and can be submitted on line.
2. Proposals will be reviewed by the Meriden American Rescue Plan Steering Committee who will make a recommendation to fund or not fund the project.
3. Proposals will be presented by the proposing organization to the ARP Steering Committee at a scheduled meeting.
4. The Steering Committee will review the proposal, determine if it is an acceptable proposal per the American Rescue Plan guidelines, and provide a priority rating. The priority rating is based upon City of Meriden priorities.
5. The Steering Committee recommendation will be forwarded to the City Council who will make the final determination on funding.
6. City staff will then contact the applicant to begin the process of distributing and administering the funds.