City of Meriden

American Rescue Plan

Project Request Form

**Name of Proposal**

Click or tap here to enter text.

**Submitting Organization**

Click or tap here to enter text.

**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

**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, 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

DIRECTIONS FOR FILLING OUT FORM

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

 Jen Farina

 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.