

CITY OF KILLEEN NONPROFIT APPLICATION

APPLICATIONS OPEN FROM:
APRIL 13, 2022 - MAY 12, 2022

Applicant Information

**Legal Name of Applicant/
Agency**

Applicant Web Page

FEIN/TIN

Physical Address

Mailing Address

Organizational DUNS Number

Application Contact Information

Name

(Prefix First Name Last Name)

E-Mail Address

Telephone Number

Program Information

Funding Request Amount

(maximum of \$10,000)

**Is organization a 501(c)(3) or
501(c)(19)?**

501(c)(3)

501(c)(19)

Program is:

- New Program/Service - not previously provided in the most recent 12 months
- Existing Program/Service - previously provided in the most recent 12 months

Program Description
(500 characters or less)

What service will you be providing with the use of these funds?
(500 characters or less)

Why is this service needed in Killeen?
(350 characters or less)

What specific population in Killeen is the program intended to serve?
(beneficiary population)

How many people are expected to be served with this program?

When are people able to access this program?
(hours of operation and frequency)

What is the expected timeline for expenditure of requested funds?

What is the expected timeline and duration of the program?
(if different from expenditure timeline)

Where will people receive services?

(if different from Agency location)

What negative impact of the COVID-19 Pandemic will this program address?

(if other please specify with justification)

Describe how the beneficiary population will be notified of the program.

(application, referral, social media, website, etc.)

Describe how eligibility of beneficiaries will be determined for the program.

(income, disproportionately impacted population, qualified census tract, etc.)

Program Oversight

Indicate how the proposed program meets eligibility standards and requirements described in the Department of Treasury's Final Rule for Coronavirus State and Local Fiscal Recovery Fund .

Describe other sources of funding used for the program.

Briefly describe your agency's fiscal oversight/internal controls to minimize opportunities for fraud, waste, and mismanagement.

How does your agency plan to segregate ARPA funds from other agency funds for purposes of identification, tracking, reporting and audit?

What other financial resources are committed to the program?

Describe the experience, number of staff, and percent of time each staff member will commit to the project.

Describe the amount and other sources of funding that will cover salaries and operational expenses for the organization.

Describe the organization's relative experience in undertaking a program of similar scope and complexity.

How does this program fit within the mission of your organization?

Describe in detail the information related to program systems used to monitor and track program progress and outcomes.

Please provide a power point presentation to be given at a City Council meeting. The presentation should include at a minimum: an overview of the organization, services provided by the organization, the financial request, the public purpose, and how the funds will be used. Presentations should not exceed 5 minutes in length.

Attachments

Attachments Required:

1. Proof of non-profit status
2. By-Laws
3. Articles of Incorporation/Texas Certificate of Formation
4. Organizational Chart
5. Signed W-9 form
6. Most recent IRS 990 Form
7. Existing Annual Budget
8. Proposed Program Budget, including line-item expenses
9. Personnel Policies and Volunteer Policies
10. Certificate/Proof of Insurance (Professional and General Liability)
11. City of Killeen Conflict of Interest Questionnaire
12. Presentation

Certifications

THE APPLICANT CERTIFES TO THE BEST OF HIS/HER KNOWLEDGE AND/OR ACKNOWLEDGES:

1. The information submitted to the City of Killeen in this application, and substantially in connection with this application, is true and accurate.
2. The applicant organization is compliant with applicable laws, regulations, ordinances, and orders applicable to it that could have an adverse material impact on the project. Adverse material impact includes lawsuits, criminal or civil actions, bankruptcy proceedings, regulatory action by a governmental entity, or inadequate capital to complete the project.
3. The applicant organization is not in default under the terms and conditions of any grant or loan agreements, leases, or financing arrangements with its creditors that could have an adverse material impact on the program.
4. The applicant organization must disclose, and will continue to disclose, any occurrence or event that could have an adverse material impact on the program.
5. If funded, grant awards will be made in the form of a sub-recipient agreement executed between the applicant and the City. The grant period, scope, allowable budget, and reporting requirements will be outlined in the contract between the nonprofit and the City. Payments will be made on an itemized basis; no lump sums will be distributed through this program.
6. Submitting false or misleading information in connection with an application may result in the applicant being found ineligible for financial assistance under the funding program, and the applicant or its representative may be subject to civil and or criminal prosecution.
7. Applicant must complete entire application to be eligible.

Applicant Signature: _____

Date: _____

Printed Name: _____