

NONPROFIT APPLICATION

APPLICANT INFORMATION

1. Legal Name of Applicant/Agency
2. Applicant Web Page:
3. FEIN/TIN
4. Physical Address:
5. Mailing Address
6. Organizational DUNS Number
7. Application Contact Information
 - a. (Prefix First Name Last Name)
 - b. Email
 - c. Telephone

PROGRAM INFORMATION

8. Funding Request Amount (Maximum \$25,000)
9. 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
10. Program Description
11. What service will you be providing with the use of these funds?
12. Why is this service needed in Killeen?
13. What specific population in Killeen is the program intended to serve (beneficiary population)?
14. How many people are expected to be served with this program?
15. When are people able to access this program (hours of operation and frequency)?
16. What is the expected timeline for expenditure of requested funds?
17. What is the expected timeline and duration of the program (if different from expenditure timeline)?
18. Where will people receive services (if different from Agency Location)?

19. What negative impact of the COVID-19 Pandemic will this program address? {mental health, physical health, emotional health, physical environment, economic, violence, lost instructional time, other}
20. If other, please specify with justification.
21. How will the program address the negative impact?
22. Describe how the beneficiary population will be notified of the program (application, referral, social media, website, etc.).
23. Describe how eligibility of beneficiaries will be determined for the program (income, disproportionately impacted population, qualified census tract, etc.).

PROGRAM OVERSIGHT

24. Indicate how the proposed program meets eligibility standards and requirements described in the {link to: *Department of Treasury's Final Rule for Coronavirus State and Local Fiscal Recovery Funds*}.
25. Describe other sources of funding used for the program.
26. Briefly describe your agency's fiscal oversight / internal controls to minimize opportunities for fraud, waste and mismanagement.
27. How does your agency plan to segregate ARPA funds from other agency funds for purposes of identification, tracking, reporting and audit?
28. What other financial resources are committed to the program?
29. Describe the experience, number of staff, and percent of time each staff member will commit to the project.
30. Describe the amount and other sources of funding that will cover salaries and operational expenses for the organization.
31. Describe the organization's relative experience in undertaking a program of similar scope and complexity.
32. How does this program fit within the mission of your organization?

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

ATTACHMENTS

Proof of non-profit status

By-Laws

Articles of Incorporation/Texas Certificate of Formation

Organizational Chart

Signed W-9 form

Existing Annual Budget

Proposed Program Budget, including line-item expenses

Personnel Policies and Volunteer Policies

Certificate/Proof of Insurance (Professional and General Liability)

Conflict of Interest

CERTIFICATIONS

THE APPLICANT CERTIFIES 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 under 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.