



# American Rescue Plan Act Nonprofit Grant Application

**Applications must be received by 11:59 p.m. on December 31, 2021**

**Return applications to:** *Shelli Gust*  
*Lake County Commission Office*  
*200 E. Center Street*  
*Madison, SD 57042*  
*or*  
[shelligust@lake.sd.gov](mailto:shelligust@lake.sd.gov)

Amount you are requesting:	\$
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## SECTION I: ORGANIZATION INFORMATION

1.

Name of Organization:	
Contact Name and Title:	
Mailing Address:	
Street Address (if different)	
Phone Number:	
City, State and Zip Code	
Fax Number:	
Email Address:	
Website:	
How long has your organization been in existence?	
How many employees do you have?	
How many volunteers do you have, on average?	

**2. PLEASE ATTACH A LIST OF YOUR ORGANIZATION’S GOVERNANCE BODY: BOARD OF DIRECTORS, CHIEF OFFICERS AND EXECUTIVE DIRECTOR.**

### 3. TAX STATUS (CHECK ONE)

- Tax-exempt charitable organization (501(c)(3))  
 Tax-exempt business organization (501(c)(6))

**4. PLEASE ATTACH A COPY OF YOUR ORGANIZATION’S IRS TAX STATUS DETERMINATION LETTER OR OTHER PROOF OF NONPROFIT STATUS.**

5.

Federal Employer Identification Number:	
DUNS Number:	

**6. BRIEFLY STATE THE HISTORY AND PURPOSE OF YOUR ORGANIZATION AND DESCRIBE THE SERVICES PROVIDED BY YOUR ORGANIZATION TO LAKE COUNTY RESIDENTS**

**(ATTACH ADDITIONAL SHEETS IF NECESSARY)**

**7. NUMBER OF LAKE COUNTY RESIDENTS SERVED BY YOUR ORGANIZATION IN RECENT FISCAL YEARS (2019, 2020, 2021)**

**8. DESCRIBE HOW YOUR ORGANIZATION TYPICALLY RAISES OR RECEIVES FUNDS**

**(ATTACH ADDITIONAL SHEETS IF NECESSARY)**

**9. DESCRIBE HOW YOUR ORGANIZATION HAS BEEN NEGATIVELY IMPACTED BY COVID-19**

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

**10. DESCRIBE WHAT STEPS YOUR ORGANIZATION HAS TAKEN TO ADDRESS THE NEGATIVE IMPACTS OF COVID-19**

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

**SECTION II: FINANCIAL INFORMATION**

**1. PLEASE ATTACH A COPY OF YOUR ORGANIZATION’S BUDGET, SHOWING ACTUAL REVENUE AND EXPENDITURES BY CATEGORIES FOR THE FOLLOWING TIME PERIODS.**

January – December 2019

January – December 2020

January – September 2021

2. PLEASE ATTACH A COPY OF YOUR ORGANIZATION'S CURRENT OPERATING YEAR BUDGET, SHOWING REVENUE AND EXPENDITURE PROJECTIONS.

3. PLEASE LIST THE HISTORY OF FUNDING TO YOUR ORGANIZATION FROM LAKE COUNTY.

<u>Year</u>	<u>Amount</u>
2019	\$
2020	\$
2021	\$
2022	\$

4. PLEASE PROVIDE A COPY OF YOUR ORGANIZATION'S INSURANCE COVERAGE INFORMATION AND CONFLICT OF INTEREST DOCUMENTATION, IF APPLICABLE.

5. PLEASE PROVIDE THE AMOUNT AND DESCRIPTION OF ANY CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT (CARES ACT), PAYCHECK PROTECTION PROGRAM (PPP) AND/OR AMERICAN RESCUE PLAN ACT (ARPA) FUNDING YOUR ORGANIZATION RECEIVED (INCLUDING FROM OTHER GOVERNMENTS), THE AMOUNTS AND WHAT IT IS WAS USED FOR:

TYPE OF FUNDS RECEIVED CARES ACT/PPP AND OR ARPA	YEAR RECEIVED	DESCRIPTION OF WHAT FUNDS WERE USED FOR	AMOUNT
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
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			\$
			\$
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			\$
			\$
			\$
			\$

## SECTION III: GRANT REQUEST

1. What is the amount of money you are requesting?

2. Please select the eligible use category that fits your needs.

- Public Health Response
- Negative Economic Impacts
- Aid to Impacted Industries (Tourism, Travel, and Hospitality)
- Other eligible cost listed under the Interim Final Rule or Final Rule

3. Please attach a copy of your request and include the following details, as applicable:

i. PROPOSAL DETAILS:

- a. Briefly describe the program/project for which you are requesting funds.
- b. Describe the need for your program/project.
- c. Identify any other organizations in Lake County that address this need.
- d. Is this a new, existing, or changed program?
- e. Specifically, for what will you use ARPA funds?
- f. Who are the target beneficiaries and how will they benefit?
- g. How many individuals/families will be served by this program/project?
- h. How will these funds help you respond to, or recover from COVID-19?

ii. OUTCOMES:

- a. If this is a continuing activity, describe a measurable outcome of your previous year's work regardless of funding source.
- b. Describe two anticipated measurable outcomes for your request/project/program.

iii. DESCRIBE THE ORGANIZATION'S AUDITING AND FISCAL CONTROLS:

- a. Briefly describe your organization's fiscal oversight/internal controls to minimize opportunities for fraud, waste and mismanagement.
- b. How does your organization plan to segregate ARPA funds from other agency funds for purposes of identification, tracking, reporting and audit?

iv. CONTINGENCY PLAN

- a. If your grant request is not fully funded, what adjustments are you prepared to make?

v. PROJECT BUDGET

- a. Briefly explain project revenues and expenses related to this proposal.
- b. Be specific about how ARPA dollars would be spent within the overall project budget.

By signing below, the Applicant(s) certifies:

1. The information submitted to Lake County in this application and substantially in connection with this application, is true and correct.
2. The applicant is in compliance with applicable laws, regulations, ordinances and orders applicable to it that could have an adverse material impact on the grant. Adverse material impact includes lawsuits, criminal or civil actions, bankruptcy proceedings, regulatory action by a governmental entity or inadequate capital to complete the grant.
3. The applicant is not in default under the terms and conditions of any grant or loan agreements, leases or financing arrangements with its other creditors that could have an adverse material impact on this grant.
4. The applicant has disclosed, and will continue to disclose, any occurrence or event that could have an adverse material impact on the grant.

By signing below, the Applicant understands:

1. This application and other materials submitted to Lake County may constitute public records subject to disclosure under South Dakota Public Records Law.
2. Submitting false or misleading information in connection with an application may result in the applicant being found ineligible for financial assistance under the grant program, and the applicant or its representative may be subject to civil and/or criminal prosecution.

Signature of Chief Executive Officer or Executive Director	Date
Name and Title (please print)	
Signature of Chief Financial Officer or Board Chairperson	Date
Name and Title (please print)	