

Application for Callaway County ARPA Funds Cover Sheet

Applicant Name: _____
Applicant Contact: _____

Application Checklist (to be completed by Applicant):

Section A - Applicant has completed all portions of Section A, including attaching all necessary supporting documentation.

Section B – Applicant has completed all portions of Section B.

■ Section C – Applicant has completed all portions of Section C, including attaching all necessary supporting documentation.

■ Section D – Applicant has completed those portions of Section D for which Applicant is requesting funds, including attaching all necessary supporting documentation.

Section E – If applicable, Applicant has provided the documentation required by Section E.

Section F – Applicant has completed all portions of Section F.

Authorized Representative of Applicant has completed, signed, and notarized the Application.

Applicant has submitted one (1) original and three (3) additional copies of the Application.

Applicant has not checked a box indicating a disqualifying condition or listed any other disqualifying condition in the Application.

Applicant acknowledges and understands that once submitted, the Application and all supporting documentation may be subject to disclosure pursuant to the Sunshine Law under Chapter 610, RSMo.

Please submit the signed and notarized application with supporting documents to

Jeanna Machon, Grants Administrator
5803 Co Rd 302
Fulton, MO 65251
email: jmachon@callawaycounty.org

Phone: 573.416.6350

For Intenal Use Only

Application No:

Application Date:

Award Date:

Award Amount:

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16. If the answer to Item A.14. is "Yes," list the locations by address and county of the other locations, facilities, offices, operations, divisions, branches, or offices of the Applicant.

17. If the answer to Item A.14 is "Yes" is the Applicant seeking funds or anticipating the receipt of funds from any other counties where those locations are located?

Yes No

18. If the answer to Item A.17 is "Yes," in the space below identify the counties in which funds have been requested or will be requested, the amount of funds requested or to be received, and the intended use of those funds. Attach any other applications, requests, or other documentation relating to this item.

19. If the answer to Item A. 15 is "Yes," list the funding program name and the amount received.

20. In the space below, describe the general business operations of the Applicant, such as the services or goods provided, and the purpose or mission of the Applicant. Attach additional pages if necessary.

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Section B. Applicant - Representatives/Ownership

1. If Applicant is a local government/public entity, list the chief executive and elected officials of the governing body by name and title.

If Applicant is a private entity, list the name, title, and ownership percentage of all owners of 20% or more equity of the Applicant.

Name	Title	Ownership Percentage	

2. Is the Applicant or any owner of the Applicant presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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3. Has the Applicant, any owner, or any business owned or controlled by any of them, obtained a direct or guaranteed loan from a federal or state agency that is currently delinquent or has defaulted in the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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4. Is the Applicant, or any individual owning 20% or more of the equity subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges (other than traffic citations) are brought in any jurisdiction, presently incarcerated, or on probation or parole?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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5. Within the last 5 years, for any felony, has the Applicant or any owner: (a) been convicted; (b) pleaded guilty; (c) pleaded nolo contendere; (d) been placed on pretrial diversion; or (e) been placed on any form of parole or probation (including probation before judgment)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<i>If the answer to Item B.2. is "Yes," the Application will be denied and funds will not be awarded. If the answer to Items B.3, B.4., or B.5. is "Yes," the Application may be denied and funds may not be awarded.</i>	
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Section C. Request for Funding – General

1. Which of the following categories will the funds be used for (select all that apply). If the answer is "Yes" specify the amount of funds requested.	
(a) responding to public health emergency;	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
(b) responding to negative impacts of COVID-19;	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
(c) providing government services to the extent of a reduction in revenue;	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
(d) providing premium pay for essential workers; or	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
(e) necessary investments in water, sewer, and broadband infrastructure?	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
2. Total Amount of Funds Requested by Applicant: <div style="text-align: right;">\$ _____</div>	
3. If awarded, will all funds be used for purposes within the County? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
<i>If the answer to Item C.3. is "No," the Application will be denied and funds will not be awarded.</i>	
4. For each of the requests set forth in C.1, in the event any portion of the Application and request for funding is approved, provide responses to the following questions:	
(a) Will the funds be used for costs incurred between March 3, 2021 and December 31, 2024?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Will the funds be used exclusively for purposes within the County?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) The funds will not be used to fund reductions in net tax revenues resulting from a change in law, regulation, or administrative interpretation or deposits into pension funds.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If any of the answers to Items C.4(a) and (c) is "No," the Application will be denied and funds will not be awarded.</i>	

If the answer to Item C. 4 (b) is "No", the Applicant must submit supporting documentation to demonstrate the impact the requested funding will have within the County to be considered for the award. Documentation may include, but not limited to: partnerships within the County; the number/percentage of individuals to be served/impacted within the County; etc.

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D. Request for Funding - Purpose and Intended Use of Funds

1. Project Summary

For each category identified in Item C.1, provide a separate summary of the program or proposed project. Provide additional pages as necessary. In your response, you should provide the following information:

- (a) Briefly describe the program/ project and use of funds you are requesting funds for;**
- (b) Identify which one or multiple of the following categories the scope of the project would fit within: (1) public health; (2) responding to negative impacts of COVID-19; (3) providing government services to the extent of a reduction in revenue; (4) premium pay for essential workers; or (5) necessary investments in water, sewer, and broadband infrastructure?**
- (c) Specify the proposed use or uses of the requested funds and identify the expenditure category or categories (see Appendix 1: Expenditure Categories);**
- (d) State the amount of funds requested; and**
- (e) Attach all supporting documents.**

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E. Applicant Corporate Documents

For non-public entities, including businesses and nonprofits, please attach a copy of: (a) the Articles of Incorporation or Articles of Organization, (b) Bylaws or Operating Agreement, and (c) Certificate of Good Standing.

F. Applicant Representation and Certification

1. I have read the statements included in this Application Form and understand them and that all responses are true and correct.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. I have the authority to act on behalf of the above-named Applicant to request funds from the County allocated by the American Rescue Plan Act's Coronavirus Local Fiscal Recovery Fund.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. I understand that the County will rely on the information provided by Applicant in this Application and this Certification as a material representation in evaluating this Application and making award decisions to the above-named Applicant.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. If approved, the Applicant agrees to use the funds received pursuant to this application only for those costs that are within the scope of the eligible uses contained in the ARPA Rule, which are incurred during the period between March 3, 2021 and December 31, 2024.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. If approved, I agree that no funds provided will be used to fund reductions in net tax revenues resulting from a change in law, regulation, or administrative interpretation or deposits into pension funds.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. If approved, I agree that no funds can be used for expenditures for which the above-named Applicant received any other emergency COVID-19 supplemental funding (whether state, federal or private in nature) for that same expense.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. If approved, I agree that the above-named Applicant will retain documentation of all uses of the funds, including but not limited to invoices and/or sales receipts and that all necessary documentation shall be produced to the County upon request.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. I agree not to use the funds in a different manner than Applicant's purposes and uses described in this Application and if awarded by County.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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<p>9. I certify that use of the funds will not violate any State or Federal law, and the Applicant is not engaged in any activity that is illegal under federal, state, or local law.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>10. Funds provided as a result of this Application and any subsequent award must adhere to official federal or local guidance issued or to be issued. Any funds expended in any manner that does not adhere to official guidance shall be returned.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>11. Applicant understands and agrees that in the event an award of funds is made pursuant to this Application, as a condition of any award an agreement provided by County will be required to be approved and executed prior to disbursement of funds.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>12. I understand that County is not required or obligated to award funds to an Applicant.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>13. If approved, the Applicant agrees to comply with all local, state, and federal bidding, advertising and procurement requirements.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><i>If the answer to any of Items G.1. –G.13. is “No,” the Application will be denied and funds will not be awarded to Applicant.</i></p>	

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**THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND ACCURATE
TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.**

**This application must be signed by the authorized representative, elected official,
individual owner, a partner, or an officer of the Applicant.**

Applicant Name

Authorized Representative Name

Authorized Representative Signature

Title

Date

Subscribed and sworn to before me this _____ day of _____, 202__.

Notary Public