

# **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  
10 E. 5th St. G-16  
Fulton, MO 65251  
email: [jmachon@callawaycounty.org](mailto:jmachon@callawaycounty.org)

Phone: 573.826.3802

### **For Intenal Use Only**

Application No:

Application Date:

Award Date:

Award Amount:

## Application for Callaway County ARPA Funds

**Introduction:** Failure to submit the required information in order to evaluate the Application and make a funding award decision may result in denial of an Application and an award of funds.

**For Internal Use  
Only App.  
No. \_\_\_\_\_**

## Section A. Applicant Background Information

<b>1. Legal Name</b>	<b>2. Mailing Address</b>			
<b>3. Primary Contact</b>	<b>4. City</b>	<b>5. County</b>	<b>6. State</b>	<b>7. Zip Code</b>
Name: Title:				
<b>8. Business Phone(s)</b>	<b>9. Applicant Type</b>			
(        ) - (        ) -	<b>Political Subdivision/Local Government/Public Entity</b> <input type="checkbox"/> City <input type="checkbox"/> Town/Township/Village <input type="checkbox"/> School District <input type="checkbox"/> County Hospital <input type="checkbox"/> Hospital District <input type="checkbox"/> Fire Protection District <input type="checkbox"/> Ambulance District <input type="checkbox"/> City/County Library <input type="checkbox"/> Municipal Corporation <input type="checkbox"/> Political Corporation <input type="checkbox"/> Other Local Government/Public Entity: _____ (List Entity Type)			
<b>10. Facsimile</b>				
(        ) -				
<b>11. Email Address</b>	<b>Private Entity</b>			
	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Public Corporation (General) <input type="checkbox"/> LLC <input type="checkbox"/> LP <input type="checkbox"/> LLP <input type="checkbox"/> Close Corporation <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Foreign Entity: _____ (List Entity Type)			
<b>12. Tax Identification Number</b>				
	<b>Private Individual</b>			
<b>13. Is the Applicant located within the County?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>14. Does the Applicant have locations, facilities, offices, operations, divisions, branches, or offices located outside the County?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>15. Has the Applicant received federal or state funding (loans, grants or other assistance) related to the COVID-19 emergency?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Application for Callaway County ARPA Funds

**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.**

# Application for Callaway County ARPA Funds

## 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	

<b>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?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>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?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>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?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>5. Within the last 5 years, for any felony, has the Applicant or any owner:</b> (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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# Request for Distribution of Callaway County ARPA Funds Application Form

## Section C. Request for Funding – General

<b>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.</b>	
<b>(a) responding to public health emergency;</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
<b>(b) responding to negative impacts of COVID-19;</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
<b>(c) providing government services to the extent of a reduction in revenue;</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
<b>(d) providing premium pay for essential workers; or</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
<b>(e) necessary investments in water, sewer, and broadband infrastructure?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
<b>2. Total Amount of Funds Requested by Applicant:</b> <div style="text-align: right;">\$ _____</div>	
<b>3. If awarded, will all funds be used for purposes within the County?</b> <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>	
<b>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:</b>	
<b>(a) Will the funds be used for costs incurred between March 3, 2021 and December 31, 2024?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(b) Will the funds be used exclusively for purposes within the County?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(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.</b>	<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.***

# **Request for Distribution of Callaway County ARPA Funds Application Form**

## **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.**

# Request for Distribution of Callaway County ARPA Funds

## Application Form

### 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

# Request for Distribution of Callaway County ARPA Funds

## Application Form

<b>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.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>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.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>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.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>12. I understand that County is not required or obligated to award funds to an Applicant.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>13. If approved, the Applicant agrees to comply with all local, state, and federal bidding, advertising and procurement requirements.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<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>	



# **Request for Distribution of Callaway County ARPA Funds**

## **Application Form**

**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**



## Appendix 1: Expenditure Categories

Treasury's final rule provides greater flexibility and simplicity for recipients to fight the pandemic and support families and businesses struggling with its impacts, maintain vital services amid revenue shortfalls, and build a strong, resilient, and equitable recovery. As such, recipients will report on a broader set of eligible uses and associated Expenditure Categories ("EC"), starting with the April 2022 Project and Expenditure Report. The table below includes the new Expenditure Categories, as well as a reference to previous Expenditure Categories used for reporting under the interim final rule.

The Expenditure Categories (EC) listed below must be used to categorize each project as noted in Part 2 above. The term "Expenditure Category" refers to the detailed level (e.g., 1.1 COVID-19 Vaccination). When referred to as a category (e.g., EC 1) it includes all Expenditure Categories within that level.

\*Denotes areas where recipients must identify the amount of the total funds that are allocated to evidence-based interventions (see Use of Evidence section above for details)

^Denotes areas where recipients must report on whether projects are primarily serving disproportionately impacted communities (see Project Demographic Distribution section above for details)

Expenditure Category	EC <sup>27</sup>	Previous EC <sup>28</sup>
<b>1: Public Health</b>		
<b>COVID-19 Mitigation &amp; Prevention</b>		
COVID-19 Vaccination^	1.1	1.1
COVID-19 Testing^	1.2	1.2
COVID-19 Contact Tracing^	1.3	1.3
Prevention in Congregate Settings (Nursing Homes, Prisons/Jails, Dense Work Sites, Schools, Child care facilities, etc.)*^	1.4	1.4
Personal Protective Equipment^	1.5	1.5
Medical Expenses (including Alternative Care Facilities)^	1.6	1.6
Other COVID-19 Public Health Expenses (including Communications, Enforcement, Isolation/Quarantine)^	1.7	1.8
COVID-19 Assistance to Small Businesses^	1.8	-
COVID 19 Assistance to Non-Profits^	1.9	-
COVID-19 Aid to Impacted Industries^	1.10	-
<b>Community Violence Interventions</b>		
Community Violence Interventions*^	1.11	3.16
<b>Behavioral Health</b>		
Mental Health Services*^	1.12	1.10
Substance Use Services*^	1.13	1.11
<b>Other</b>		
Other Public Health Services^	1.14	1.12
Capital Investments or Physical Plant Changes to Public Facilities that respond to the COVID-19 public health emergency	-	1.7
<b>2: Negative Economic Impacts</b>		
<b>Assistance to Households</b>		
Household Assistance: Food Programs*^	2.1	2.1
Household Assistance: Rent, Mortgage, and Utility Aid*^	2.2	2.2
Household Assistance: Cash Transfers*^	2.3	2.3

<sup>27</sup> Under the final rule to be used starting with April 2022 reports

<sup>28</sup> Under the interim final rule to be used in Interim Report and January 2022 Project and Expenditure Report



Expenditure Category	EC <sup>27</sup>	Previous EC <sup>28</sup>
Household Assistance: Internet Access Programs*^	2.4	2.4
Household Assistance: Paid Sick and Medical Leave^	2.5	-
Household Assistance: Health Insurance*^	2.6	-
Household Assistance: Services for Un/Unbanked*^	2.7	-
Household Assistance: Survivor's Benefits^	2.8	-
Unemployment Benefits or Cash Assistance to Unemployed Workers*^	2.9	2.6
Assistance to Unemployed or Underemployed Workers (e.g. job training, subsidized employment, employment supports or incentives)*^	2.10	2.7
Healthy Childhood Environments: Child Care*^	2.11	3.6
Healthy Childhood Environments: Home Visiting*^	2.12	3.7
Healthy Childhood Environments: Services to Foster Youth or Families Involved in Child Welfare System*^	2.13	3.8
Healthy Childhood Environments: Early Learning*^	2.14	3.1
Long-term Housing Security: Affordable Housing*^	2.15	3.10
Long-term Housing Security: Services for Unhoused Persons*^	2.16	3.11
Housing Support: Housing Vouchers and Relocation Assistance for Disproportionately Impacted Communities*^	2.17	-
Housing Support: Other Housing Assistance*^	2.18	3.12
Social Determinants of Health: Community Health Workers or Benefits Navigators*^	2.19	3.14
Social Determinants of Health: Lead Remediation*^	2.20	3.15
Medical Facilities for Disproportionately Impacted Communities^	2.21	-
Strong Healthy Communities: Neighborhood Features that Promote Health and Safety^	2.22	-
Strong Healthy Communities: Demolition and Rehabilitation of Properties^	2.23	-
Addressing Educational Disparities: Aid to High-Poverty Districts^	2.24	3.2
Addressing Educational Disparities: Academic, Social, and Emotional Services*^	2.25	3.3
Addressing Educational Disparities: Mental Health Services*^	2.26	3.4
Addressing Impacts of Lost Instructional Time^	2.27	-
Contributions to UI Trust Funds^	2.28	2.8
<b>Assistance to Small Businesses</b>		
Loans or Grants to Mitigate Financial Hardship^	2.29	2.9
Technical Assistance, Counseling, or Business Planning*^	2.30	
Rehabilitation of Commercial Properties or Other Improvements^	2.31	-
Business Incubators and Start-Up or Expansion Assistance*^	2.32	
Enhanced Support to Microbusinesses*^	2.33	
<b>Assistance to Non-Profits</b>		
Assistance to Impacted Nonprofit Organizations (Impacted or Disproportionately Impacted)^	2.34	2.10
<b>Aid to Impacted Industries</b>		
Aid to Tourism, Travel, or Hospitality^	2.35	2.11
Aid to Other Impacted Industries^	2.36	2.12
<b>Other</b>		
Economic Impact Assistance: Other*^	2.37	2.13
Household Assistance: Eviction Prevention*^	-	2.5
Education Assistance: Other*^	-	3.5
Healthy Childhood Environments: Other*^	-	3.9
Social Determinants of Health: Other*^	-	3.13



Expenditure Category	EC <sup>27</sup>	Previous EC <sup>28</sup>
<b>3: Public Health-Negative Economic Impact: Public Sector Capacity</b>		
<b>General Provisions</b>		
Public Sector Workforce: Payroll and Benefits for Public Health, Public Safety, or Human Services Workers	3.1	1.9
Public Sector Workforce: Rehiring Public Sector Staff	3.2	2.14
Public Sector Workforce: Other	3.3	-
Public Sector Capacity: Effective Service Delivery	3.4	7.2
Public Sector Capacity: Administrative Needs	3.5	-
<b>4: Premium Pay</b>		
Public Sector Employees	4.1	4.1
Private Sector: Grants to Other Employers	4.2	4.2
<b>5: Infrastructure</b>		
<b>Water and Sewer</b>		
Clean Water: Centralized Wastewater Treatment	5.1	5.1
Clean Water: Centralized Wastewater Collection and Conveyance	5.2	5.2
Clean Water: Decentralized Wastewater	5.3	5.3
Clean Water: Combined Sewer Overflows	5.4	5.4
Clean Water: Other Sewer Infrastructure	5.5	5.5
Clean Water: Stormwater	5.6	5.6
Clean Water: Energy Conservation	5.7	5.7
Clean Water: Water Conservation	5.8	5.8
Clean Water: Nonpoint Source	5.9	5.9
Drinking water: Treatment	5.10	5.10
Drinking water: Transmission & Distribution	5.11	5.11
Drinking water: Lead Remediation, including in Schools and Daycares	5.12	5.12
Drinking water: Source	5.13	5.13
Drinking water: Storage	5.14	5.14
Drinking water: Other water infrastructure	5.15	5.15
Water and Sewer: Private Wells	5.16	-
Water and Sewer: IIJA Bureau of Reclamation Match	5.17	-
Water and Sewer: Other	5.18	-
<b>Broadband</b>		
Broadband: "Last Mile" projects	5.19	5.16
Broadband: IIJA Match	5.20	-
Broadband: Other projects	5.21	5.17
<b>6: Revenue Replacement</b>		
Provision of Government Services	6.1	6.1
Non-federal Match for Other Federal Programs	6.2	-
<b>7: Administrative</b>		
Administrative Expenses	7.1	7.1
Transfers to Other Units of Government	7.2	7.3
Transfers to Non-entitlement Units (States and territories only)	-	7.4



Treasury has prepared the additional guidance below to support recipients in implementing the new expenditure categories. This table includes only those previous expenditure categories that are changing under the new structure, aligned with the final rule.

January 2022 Expenditure Categories		April 2022 Guidance
<b>1: Public Health</b>		
1.7	Capital Investments or Physical Plant Changes to Public Facilities that respond to the COVID-19 public health emergency	EC removed, capital expenditures can be designated in any relevant PH-NEI EC (e.g., new hospital wing would be tracked under EC 1.4)
1.8	Other COVID-19 Public Health Expenses (including Communications, Enforcement, Isolation/Quarantine)	EC is 1.7
1.9	Payroll Costs for Public Health, Safety, and Other Public Sector Staff Responding to COVID-19	EC is 3.1
1.10	Mental Health Services*	EC is 1.12
1.11	Substance Use Services*	EC is 1.13
1.12	Other Public Health Services	EC is 1.14
<b>2: Negative Economic Impacts</b>		
2.5	Household Assistance: Eviction Prevention	EC is now included as part of 2.2
2.6	Unemployment Benefits or Cash Assistance to Unemployed Workers*	EC is 2.9
2.7	Job Training Assistance (e.g., Sectoral job-training, Subsidized Employment, Employment Supports or Incentives)*^	EC is 2.10
2.8	Contributions to UI Trust Funds	EC is 2.28
2.9	Small Business Economic Assistance (General)*^	If public-health related (e.g., providing rapid tests for small businesses), EC is 1.8; if related to negative economic impact eligible use (e.g., grants, technical assistance, rehabilitation, incubators, or microbusinesses), EC is 2.29-2.33
2.10	Aid to Nonprofit Organizations*	If public-health related (e.g., providing rapid tests for non-profits), EC is 1.9; if related to negative economic impact (e.g., grants to stabilize non-profit budget), EC is 2.34
2.11	Aid to Tourism, Travel, or Hospitality	EC is 2.35
2.12	Aid to Other Impacted Industries	EC is 2.36
2.13	Other Economic Support*^	EC is 2.37, re-named Other Economic Impact
2.14	Rehiring Public Sector Staff	EC is 3.2
<b>3: Services to Disproportionately Impacted Communities</b>		
3.1	Education Assistance: Early Learning*^	EC is 2.14
3.2	Education Assistance: Aid to High-Poverty Districts ^	EC is 2.24
3.3	Education Assistance: Academic Services*^	EC is 2.25, social and emotional services will now be tracked under this EC
3.4	Education Assistance: Social, Emotional, and Mental Health Services*^	EC is 2.26, if social and emotional services, EC is 2.25;
3.5	Education Assistance: Other*^	EC is 2.37, collected under Other Economic Impact



January 2022 Expenditure Categories		April 2022 Guidance
3.6	Healthy Childhood Environments: Child Care*^	EC is 2.11
3.7	Healthy Childhood Environments: Home Visiting*^	EC is 2.12
3.8	Healthy Childhood Environments: Services to Foster Youth or Families Involved in Child Welfare System*^	EC is 2.13
3.9	Healthy Childhood Environments: Other*^	EC is 2.37, collected under Other Economic Impact
3.10	Housing Support: Affordable Housing*^	EC is 2.15
3.11	Housing Support: Services for Unhoused Persons*^	EC is 2.16
3.12	Housing Support: Other Housing Assistance*^	EC is 2.18
3.13	Social Determinants of Health: Other*^	EC is 2.37, collected under Other Economic Impact
3.14	Social Determinants of Health: Community Health Workers or Benefits Navigators*^	EC is 2.19
3.15	Social Determinants of Health: Lead Remediation^	EC is 2.20
3.16	Social Determinants of Health: Community Violence Interventions*^	EC is 1.11
<b>5: Infrastructure</b>		
5.16	Broadband: “Last Mile” projects	EC is 5.19
5.17	Broadband: Other projects	EC is 5.20
<b>7: Administrative</b>		
7.2	Evaluation and Data Analysis	EC is 3.4 and has been renamed Effective Service Delivery
7.3	Transfers to Other Units of Government	EC is 7.2
7.4	Transfers to Non-entitlement Units (States and territories only)	To be separately reported as part of NEU/Non-UGLG module. Refer to Part 2 Section D.