



American Rescue Plan Act Funding

Background

On March 11, 2021, the American Rescue Plan Act (ARPA) was signed into law, and established the Coronavirus State Fiscal Recovery Fund and Coronavirus Local Fiscal Recovery Funds, which together make up the Coronavirus State and Local Fiscal Recovery Funds ("CSLFRF") program. This program is intended to provide funding support to state, territorial, local, and tribal governments in responding to the economic and public health impacts of COVID-19 and in their efforts to contain impacts on their communities, residents, and businesses. Lake County has been approved to receive **\$2.3M in federal American Rescue Plan Act funding.**

An ARPA Committee has been appointed by the Board of Commissioners to determine the priority needs of the county that could best be addressed with the funds, and to create a fair and effective application and award process for county entities to access and receive the funds to address those priority needs. The committee will review all applications and make funding recommendations to the Lake County Board of Commissioners. Working together, the Committee and Board may support eligible proposals.

Process

Proposals may be submitted beginning April 1, 2022 and no later than June 30, 2022 using a required funding request form that can be downloaded from the county's website at <http://www.lakecounty-michigan.com/>.

All proposals received will be reviewed by the Committee. Once reviewed, recommendations for funding will be submitted to the Board for its consideration and possible approval. The Committee will begin reviewing proposals shortly after the deadline passes. The Committee and the Board will communicate results to agencies/organizations as circumstances dictate. This request for proposals and the process described herein are intended to help the County effectively and efficiently determine the best uses of Funds; however the County (acting through the Committee, the Board or otherwise) may, in its discretion, seek and accept formal or informal proposals and make determinations as to the use of funds outside the process described in this request for proposals, with or without notice to the agencies/organizations that respond to this request for proposals.

Applicant Eligibility

- Must be a Lake County Municipality, library, Authority, Road Commission, Lake County, or 501(c)3 Non-Profit Organization
- Must provide services in Lake County
- Must provide a report of funding if approved



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- Local Municipalities, libraries, and authorities requesting funds must supply at least 50% match on the project
- The Road Commission and each Local Municipality, must each supply an equal match on a road or bridge related project

Project Eligibility

- Must serve Lake County residents / businesses in one of the following Priorities: *Broadband*
Economic Development / Tourism *Education* *Social Services* *Housing*
Environment *Infrastructure* *Health* *County Government Led Project*
- Must be completed by August 31, 2023 *County reserves the rights to extend deadline*
- Must provide approval of applicant leadership by resolution or letter of support
- Funds may not be used to supplant the use of entity’s operational funds

Application Timeline

April 1, 2022	ARPA Application opens online at www.lakecouthy-michigan.com
April 13, 2022	ARPA Application Info Session 1pm Board of Commissioners Room, 800 Tenth St Baldwin
June 30, 2022	ARPA Application closes
Week of July 13, 2022	Committee Review of Applications
Week of July 20, 2022	Finalist Presentations to ARPA Committee
August 10, 2022	Recommendations to Board of Commissioners for funding approvals
By August 24, 2022	Begin Notification of Approval of Funding
By August 31, 2023	Project must be completed and reporting submitted. <i>County reserves the rights to extend deadline</i>

800 Tenth Street, Suite 100
Baldwin, MI 49304
www.lakecounty-michigan.com



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ARPA Committee Secretary
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Request for Funds

**APPLICATIONS ARE DUE BY 5PM EST ON June 30, 2022 BY EMAILING TO nicholsj@rightplace.org
Applications received after the deadline will not receive consideration.**

PROJECT NAME: _____

ORGANIZATIONAL INFORMATION

Organization Name: _____

Contact Name: _____ Phone: _____

Email: _____

Address: _____

Describe the agency/organization's entity type (governmental agency/department, nonprofit corporation, for-profit corporation, partnership, LLC, etc.) _____

Organization's Annual Budget: _____

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

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

Please list any other ARPA or Federal Stimulus/Covid Relief funding your organization has received:

Amount: _____ Source: _____

Amount: _____ Source: _____

Amount: _____ Source: _____

Please list staff or volunteer team who will be leading this project and their related credentials and experience that provide them with the capacity to see the project to successful completion
(Resumes/Bios may be attached):



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If third party contractors or consultants will be used for successful completion of the project, please list/describe here:

PROJECT INFORMATION

Title: _____

Brief Project Description (*Supporting documents may be attached*)

- a. Describe the need for your program/project.
- b. Identify any other organizations in Lake County that address this need.
- c. Describe your level of collaboration with other agencies on this project.
- e. Specifically, what will you use ARPA funds for?
- f. Who will benefit and how?
- g. How will you prevent the duplication of Benefits to end users?

Proposed Start Date: _____ Proposed End Date: _____ (no later than 8/31/23)

Total Project Cost: _____ County Funds Requested: _____

If you were to receive a lesser amount, would the project still be possible? _____

Explanation of scalability: _____

Please list any long-term / maintenance costs associated with the project: \$ _____



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If long-term costs are associated, how they will be funded:

Which County Priority Need does the project address (see page 1): _____

Explanation of how Lake County residents/businesses will be directly impacted by the project:

Estimate how many /which Lake County residents/businesses will be directly impacted by the project
(*township residents, students, families, business owners, etc.*):

Estimated revenue to be created by the project: _____

Explanation of revenue: _____

Estimated value added to Lake County tax base to be created by the project: _____

Explanation of value: _____

Estimated Lake County jobs to be created/retained by the project: _____

Explanation of job creation/retention: _____

List any collaborative partners for the project and their role: _____

Why should the project receive a portion of the limited County ARPA funding? What specific outcomes will be achieved? _____



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PROJECT BUDGET

List category totals below and attach a more detailed project budget if applicable.

Revenue:

Source	Amount	Committed?	Inkind?	Description
NAME	\$	Y/N	Y/N	detail
NAME	\$	Y/N	Y/N	detail
NAME	\$	Y/N	Y/N	detail
NAME	\$	Y/N	Y/N	detail

Expenses:

Line Item	Amount	Description
Salaries & Benefits		
Professional Services		
Equipment & Materials		
Office Supplies & Meetings		
Other		
Other		
Other		

BUDGET NARRATIVE

Explain any budget items as necessary: _____



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ATTACHMENTS

- _____ 501 (c)3 Status
- _____ Resolution or Leadership Letter of Support
- _____ Project Team Resumes
- _____ Budget Detail
- _____ Most recent annual financials (990, audit)
- _____ Additional Supporting Documentation

CERTIFICATIONS

The undersigned applicant certifies the following to be true and submits this application on behalf of the organization listed below:

- Information supplied in this application is true to the best of applicant’s knowledge
- Applicant is eligible and authorized to apply for Lake County ARPA funds (see p.1)
- If awarded funding, applicant will meet all project completion and reporting requirements and deadlines.

THIS DOCUMENT CERTIFIES TO THE BEST OF ITS KNOWLEDGE:

1. The information submitted to the County in this proposal, and substantially in connection with this proposal, 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 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 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 the project.
4. The applicant has to disclose, and will continue to disclose, any occurrence or event that could have an adverse material impact on the project.

THE AUTHORIZED REPRESENTATIVE UNDERSTANDS:

1. This proposal and other materials submitted to Lake County may be subject to disclosure under Michigan’s Freedom of Information Act, and the County’s review of such materials will be subject to Michigan’s Open Meetings Act.

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2. Submitting false or misleading information may result in this proposal being found ineligible for financial assistance under the funding program, and the authorized representative may be subject to civil and/or criminal prosecution.
3. Approved projects will be required to submit appropriate documentation to substantiate reimbursement requests and will be subject to audit accountability standards.
4. This form and criteria may be subject to change as determined by Lake County.

I certify that the requested funding is needed to ensure this project will happen in Lake County.

Applicant Organization: _____

Name: _____ Title: _____

Signature: _____ Date: _____