

**Crawford County  
American Rescue Plan Application**

**Organizational information:**

Name or organization: \_\_\_\_\_

Physical address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**CEO or Executive Director information:**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Brief qualifications statement: \_\_\_\_\_

**Financial Officer or Director information:**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Brief qualifications statement: \_\_\_\_\_

**Who is the contact person for this application:**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Entity type or IRS registration: (501(c)3, LLC, sole proprietorship, etc)

Brief history of the organization:

**Financial information:**

Have you received other state or federal grant funds in the past three years? If so, list the grant name, the organization from whom it was received, the amount of funding received, and the status of the grant expenditure.

Attach your organization's audits from 2019 and 2020 if available.

What is your organization's annual budget? Please attach a copy of your 2020 and 2021 budgets.

The applicant certifies that any funds received through this Crawford County granting program are fully subject to federal regulations and affirms that the funds will be properly spent in compliance with the American Rescue Plan Act of 2021. The applicant further affirms that financial controls are in place such that each expenditure under the grant will be fully documented and that such documentation will be open to the public and submitted to the County for audit. The applicant understands that all aspects of their use of the grant are open to the public and subject to the Freedom of Information Act.

About your request:

Please indicate under which category of eligibility under ARPA your organization is applying:

- Public Health and Economic Impacts – Responding to COVID-19
- Public Health and Economic Impacts – Responding to Negative Economic Impacts
- Premium Pay
- Revenue Loss
- Investments in Infrastructure – Water and Sewer
- Investments in Infrastructure – Broadband

Briefly and clearly state how your project responds to the COVID-19 crisis:

Does your project have a county-wide impact? If so, describe.

Please describe your project including the following information (in any order): What will this project accomplish? How will those goals be measured? How to these goals relate to the goals of the American Rescue Plan Act (ARPA)?

Please attach a project budget. If the project includes construction or third-party services, please provide their estimates.

Are other funds part of the budget besides ARPA funds? If so, please list other sources of funding and a copy of their funding commitment, if available.

Please describe the organization's financial management practices that will ensure audit compliance.

**Authorized Representative:** The signature indicates that I have been authorized to submit an application requesting funding for the proposed project and to the best of my knowledge and belief, all data contained in this application is true and correct. If the application is approved for funding, I am authorized to sign any applicable documents on behalf of the applicant.

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Type Name

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Title

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Signature

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Date

When completed return by mail or drop-off to:  
Crawford County Judge's Office  
300 Main Street, Room 4  
Van Buren, AR 72956