



CITY OF LYNN

ARPA PROJECT REQUEST FORM NON-PROFITS/ OUTSIDE AGENCIES

Name of Organization: _____ Date: _____

Address: _____ Zip Code: _____

Email address: _____ Phone: _____

Contact Person: _____ Title/position: _____

Person Signing Subrecipient Contract: _____

Email address of Subrecipient Contract Signer: _____

Tax ID: _____ DUNS #: _____

1.) Name of Proposed ARPA Project: _____

2.) Type of Project:

Expansion of Existing Project (*identify below*)

New Project

If applicable, identify project: _____

3.) Estimated Start Date of Project: _____

4.) Estimated Date of Completion*: _____

**Note – Projects must be under contract by 12/31/24 and completed by 12/31/26*

5.) Please note project milestones (e.g. launch, end of phase I, etc.). If available, attach a scope of work and project schedule to this submission.

6.) **Project Description:** *Please enter a brief description of the project.*

7.) Performance Measurement: *List percentages of accomplishments within activity.*

a. Amount of low and moderate-income persons expected to service:

b. Percentage of low and moderate-income persons expected to service:

8.) Identify the *Category for Eligible Use*: (see attached list from U.S. Treasury)

- Public Health
- Negative Economic Impact
- Services to Disproportionately Impacted Communities
- Premium Pay
- Infrastructure Improvements
- Revenue Replacement

9.) Circle an expenditure category for this project (choose only one).

PUBLIC HEALTH

- 1.1 COVID-19 Vaccination
- 1.2 COVID-19 Testing
- 1.3 COVID-19 Contact Tracing
- 1.4 Prevention in Congregate Settings
- 1.5 Personal Protective Equipment
- 1.6 Medical Expenses (including Alternative Care Facilities)
- 1.7 Other COVID-19 Public Health Expenses (including Communications, Enforcement, Isolation/Quarantine)
- 1.8 COVID-19 Assistance to Small Businesses

- 1.9 COVID 19 Assistance to Non-Profits
- 1.10 COVID-19 Aid to Impacted Industries
- 1.11 Community Violence Interventions
- 1.12 Mental Health Services
- 1.13 Substance Use Services
- 1.14 Other Public Health Services

NEGATIVE ECONOMIC IMPACT

- 2.1 Household Assistance: Food Programs
- 2.2 Household Assistance: Rent, Mortgage, and Utility Aid
- 2.3 Household Assistance: Cash Transfers
- 2.4 Household Assistance: Internet Access Programs
- 2.5 Household Assistance: Paid Sick and Medical Leave
- 2.6 Household Assistance: Health Insurance
- 2.7 Household Assistance: Services for Un/Unbanked
- 2.8 Household Assistance: Survivor's Benefits
- 2.9 Unemployment Benefits or Cash Assistance to Unemployed Workers
- 2.10 Assistance to Unemployed or Underemployed Workers (e.g. job training, subsidized employment, employment supports or incentives)
- 2.11 Healthy Childhood Environments: Child Care
- 2.12 Healthy Childhood Environments: Home Visiting
- 2.13 Healthy Childhood Environments: Services to Foster Youth or Families Involved in Child Welfare System
- 2.14 Healthy Childhood Environments: Early Learning
- 2.15 Long-term Housing Security: Affordable Housing
- 2.16 Long-term Housing Security: Services for Unhoused Persons
- 2.17 Housing Support: Housing Vouchers and Relocation Assistance for Disproportionately Impacted Communities
- 2.18 Housing Support: Other Housing Assistance
- 2.19 Social Determinants of Health: Community Health Workers or Benefits Navigators
- 2.20 Social Determinants of Health: Lead Remediation
- 2.21 Medical Facilities for Disproportionately Impacted Communities
- 2.22 Strong Healthy Communities: Neighborhood Features that Promote Health and Safety
- 2.23 Strong Healthy Communities: Demolition and Rehabilitation of Properties
- 2.24 Addressing Educational Disparities: Aid to High-Poverty Districts
- 2.25 Addressing Educational Disparities: Academic, Social, and Emotional Services
- 2.26 Addressing Educational Disparities: Mental Health Services
- 2.27 Addressing Impacts of Lost Instructional Time
- 2.28 Contributions to UI Trust Funds

- 2.29 Loans or Grants to Mitigate Financial Hardship
- 2.30 Technical Assistance, Counseling, or Business Planning
- 2.31 Rehabilitation of Commercial Properties or Other Improvements
- 2.32 Business Incubators and Start-Up or Expansion Assistance
- 2.33 Enhanced Support to Microbusinesses
- 2.34 Assistance to Impacted Nonprofit Organizations (Impacted or Disproportionately Impacted)
- 2.35 Aid to Tourism, Travel, or Hospitality
- 2.36 Aid to Other Impacted Industries
- 2.37 Economic Impact Assistance: Other

SERVICES TO DISPROPORTIONATELY IMPACTED COMMUNITIES

- 3.1 Public Sector Workforce: Payroll and Benefits for Public Health, Public Safety, or Human Services Workers
- 3.2 Public Sector Workforce: Rehiring Public Sector Staff
- 3.3 Public Sector Workforce: Other
- 3.4 Public Sector Capacity: Effective Service Delivery
- 3.5 Public Sector Capacity: Administrative Needs

PREMIUM PAY

- 4.1 Public Sector Employees
- 4.2 Private Sector: Grants to other employers

INFRASTRUCTURE

- 5.1 Clean Water: Centralized wastewater treatment
- 5.2 Clean Water: Centralized wastewater collection and conveyance
- 5.3 Clean Water: Decentralized wastewater
- 5.4 Clean Water: Combined sewer overflows
- 5.5 Clean Water: Other sewer infrastructure
- 5.6 Clean Water: Stormwater
- 5.7 Clean Water: Energy conservation
- 5.8 Clean Water: Water conservation
- 5.9 Clean Water: Nonpoint source
- 5.10 Drinking water: Treatment
- 5.11 Drinking water: Transmission & distribution
- 5.12 Drinking water: Transmission & distribution: lead remediation
- 5.13 Drinking water: Source
- 5.14 Drinking water: Storage
- 5.15 Drinking water: Other water infrastructure
- 5.16 Water and Sewer: Private Wells
- 5.17 Water and Sewer: IJJA Bureau of Reclamation Match

- 5.18 Water and Sewer: Other
- 5.19 Broadband: "Last Mile" projects
- 5.20 Broadband: IIJA Match
- 5.21 Broadband: Other projects

REVENUE REPLACEMENT

- 6.1 Provision of Government Services
- 6.2 Non-federal Match for Other Federal Programs

ADMINISTRATIVE & OTHER

- 7.1 Administrative Expenses
- 7.2 Transfers to Other Units of Government

10.) Please explain how the project qualifies under the expenditure category noted above:

11.) How does the proposed project relate to the Covid-19 pandemic and how will ARPA funding help address this need?

12.) How will this project benefit residents and/or businesses in the City of Lynn?

13.) What specific outcomes or accomplishments will this project receive?

14-A.) Estimated Total Cost of Project: _____

14-B.) Amount of Lynn ARPA Funds Requested: _____

15.) Are the project costs ready to be appropriated, or will they be phased? (e.g., costs for planning then costs for execution).

APPROPRIATED

PHASED

16.) Are matching funds available from another source?

YES

NO

If yes, please identify source(s) and amount(s):

17.) Are there other funding opportunities available (i.e. other state or federal grants or programs) that may reduce the amount of ARPA funding needed?

YES

NO

If yes, please identify:

18.) Budget summary of activity, including all proposed and confirmed funding sources:

19.) Please identify any ongoing/recurring costs the proposed project will incur and how those costs would be funded:

20.) Will this project result in savings for a City Department or Community beyond 2026?

- YES
- NO

If yes, please identify:

21.) Will this project increase future revenues for the City of Lynn

YES

NO

If yes, please identify:

22.) Is additional staff required for the duration of the project?

YES

NO

If yes, please identify:

23.) Does the proposed project benefit residents disproportionately impacted by the COVID-19 pandemic (e.g., communities of color, people with disabilities, low-to-moderate income residents or elders)?

YES

NO

If yes, please identify:

24.) Does the proposed project reduce adverse climate impacts and/or promote environmental sustainability?

YES

NO

If yes, please identify:

AGENCY INFORMATION

Background/Program Experience:

Personnel/Staff Capacity: _____

Financial Capacity: _____

Monitoring:

Audit Requirements:

Insurance/Bonding/Worker's Compensation:

Populations Served by Organization: Please provide demographics information.

How many people do you serve monthly? _____

Is this a certified minority-owned and/or women-owned entity?

YES

NO

Has this organization been subject to any prior criminal, civil, or governmental administrative violations against the agency or senior staff?

YES

NO

If yes, please identify:

SIGNATURE AUTHORIZATION FORM

_____, hereby proposes to provide the services or project identified above in accordance with this application for American Rescue Act (ARPA) Funds. If this application is approved and this organization receives ARPA funding from the City of Lynn, this organization agrees to adhere to all relevant Federal, State and local regulations and other assurances as required by the City.

Furthermore, as the duly authorized representative of the organization, I certify that the organization is fully capable of fulfilling its obligation under this application as stated herein.

I further certify that this application and the information contained herein are true, correct, and complete.

The following person has been authorized to act as the Authorized Signer to this funding:

Name

Title

This SIGNATURE AUTHORIZATION FORM has been completed by:
(Clerk/Secretary/Treasurer of Board or other Designated Authority)

Name

Title

Signature

Date

STANDARD DOCUMENTATION – Please Attach

1. Articles of Incorporation
2. Organization Bylaws
3. 501(c)(3) Letter of Tax Determination Status (status must be active)
4. List of the Board of Directors
5. Signature Authorization Form

Has the Signature Authorization Form been signed by an authorized officer of the Board (President, Secretary or Treasurer) as registered with the Secretary of Commonwealth, Corporations Division?

<http://corp.sec.state.ma.us/corpweb/CorpSearch/CorpSearch.aspx>

6. Organizational Chart
7. Resume of the Chief Program Administrator
8. Resume of the Chief Fiscal Officer
9. Financial Statement and Audit
10. IRS 990 Filing
11. Insurance Binder

Please email the completed attached application and required attachments to info@LynnARPA.com or you can visit LynnARPA.com/projects to fill out the application online.