

# American Rescue Plan Act (ARPA) Non-Profit Funding Application

Application must be completed in full to be considered.  
Submit complete application & budget sheet electronically to [bmiller@caswellcountync.gov](mailto:bmiller@caswellcountync.gov) –  
or-Mail – County Manager, PO Box 98 – Yanceyville, NC 27379 -or-  
Deliver in person to the Caswell County  
Historic Courthouse

Programs/Projects Limited to \$10,000 Maximum Grant Award

Attachments, brochures or other materials may be included as part of the application packet.

**The electronic version (including email message and all attachments) cannot exceed 10 MB**

## GENERAL INFORMATION

1. Name of Project/Program: \_\_\_\_\_
2. Organization Name: \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Primary Contact Person: \_\_\_\_\_
5. Title: \_\_\_\_\_ Phone: \_\_\_\_\_
6. E-mail \_\_\_\_\_
7. If applicable: Federal Tax Identification Number: \_\_\_\_\_
8. If applicable: DUNS number: \_\_\_\_\_

Provide Mission Statement/Purpose:

Non-Profits requesting in excess of \$10,000 must complete a more detailed application, presentation, and review process. Please contact the County Managers office for specific requirements.

## PROPOSAL OVERVIEW

Funds Requested	Total Project Cost	Annual Organizational Budget
\$	\$	\$

**PROPOSAL DETAILS**  
**(Please limit to 350 words)**

**1. PROGRAM/PROJECT APPROACH – include the following details, as applicable:**

a) Specifically, for what will you use ARPA funds?

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b) Identify any other organizations in Caswell that address this need.

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c) Describe your level of collaboration with other agencies on this program/project.

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d) Is this a new, existing, or changed program/project?

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e) Who will benefit and how?

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f) How will you prevent the duplication of benefits to end users?

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g) How many individuals/families will be served by this program/project?

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h) How will these funds help you respond to, or recover from COVID-19?

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i) For existing programs: How many people were served during the last program year? How many were from Caswell County?

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**2. PROJECT BUDGET**

a) Briefly explain project revenues and expenses related to this proposal. This should match with the Budget Overview sheet.

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b) Be specific about how ARPA dollars will be spent.

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**THE APPLICATION CERTIFIES TO THE BEST OF ITS KNOWLEDGE:**

1. The information submitted to Caswell County (County) in this application, and substantially in connection with this application, 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 close, and will continue to disclose, any occurrence or event that could have an adverse material impact on the project.

**THE APPLICANT UNDERSTANDS:**

1. This application and other materials submitted to the County may constitute public records subject to disclosure under North Carolina’s Public Records Law. The applicant may mark documents “confidential” if the documents contain sensitive information.
2. Submitting false or misleading information in connection with an application may result in the applicant being found ineligible for financial assistance under the funding program, and the applicant or its representative may be subject to civil and/or criminal prosecution.
3. Funding is available until all appropriated funds for Non-Profit organizations have been obligated.

**YES NO** (circle one)

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

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Authorized representative of Applicant/Organization

PRINTED NAME: \_\_\_\_\_

TITLE OF APPLICANT: \_\_\_\_\_

ORGANIZATION NAME: \_\_\_\_\_