



Oceana County American Rescue Plan Act (ARPA) Funding Request Form

1. **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.

The Oceana County Board of Commissioners ("Board") formed an ad hoc committee titled ARPA Funding Advisory Committee ("Committee") to oversee use of the funds. As part of the planning process, the Committee is now seeking proposals for projects for which such funds may be used. Working together, the Committee and Board may support eligible proposals; and each proposal may not exceed \$50,000; however, some exceptions may be considered by the Committee or Board.

2. **Process:**

Proposals may be submitted beginning April 1, 2022 and no later than May 31, 2022 using a required funding request form that can be downloaded from the county's website at www.oceana.mi.us/ARP. All proposals received will be reviewed by the Committee. Once reviewed, recommendations for funding (or denying 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 CSLFRF 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 CSLFRF 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.

3. **Requirements:**

All proposals must adhere to guidelines governing the use of ARPA funds ([U.S. Department of Treasury FAQ's](#)). The Committee has determined that the full allocation of funding to the County shall be classified as revenue loss. This decision allows the Committee to exercise broader flexibility and greater simplicity in how it uses the funds to support eligible proposals.

You must submit this "**Fund Request Form**" by the deadline stated above. If your proposal will not be completed by the deadline, and you still want your proposal to be considered by the Committee, you must submit an "**Application of Intent**" form before the deadline stating when your full proposal is expected to be submitted. Both forms are available at www.oceana.mi.us/ARP.

More information from the U.S. Department of Treasury and ARPA can be found here:
[Coronavirus State and Local Fiscal Recovery Funds | U.S. Department of the Treasury](#)



**OCEANA COUNTY
AMERICAN RESCUE PLAN ACT (ARPA)
FUNDING REQUEST FORM**

**Proposal #
(Internal Use):**

Oceana County Administrator's Office
100 State Street, Hart, MI 49420
Website: www.oceana.mi.us/ARP

Telephone No.
(231) 873-6701
mail: countyadmin@oceana.mi.us

Proposals must be completed in full to be considered. Completed documents may be sent electronically or by mail using the information above.

General Information

Project Name			
Agency / Organization		Primary Contact Person	Tax Exempt Organization?
Address			
City		State	Zip
Telephone No.	Alternate Telephone No.	Email:	
Provide Project Mission Statement / Purpose:			
Project Start and End Date:			

Financial Overview – Must match Budget Overview sheet

Funds Requested \$	Total Project Cost \$
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Proposal Details (Please limit to 700 words)

1. **Program/Project Approach** – include the following details, as applicable:
 - a. Briefly describe the project you are requesting funds for.
 - b. Describe the need for your program/project.
 - c. Identify any other organizations in Oceana County that address this need.
 - d. Describe your level of collaboration with other agencies on this project.
 - e. Is this a new, existing, or changed program?
 - f. Specifically, what will you use ARPA funds for?
 - g. Who will benefit and how?
 - h. How will you prevent the duplication of Benefits to end users?

2. Project Outcomes

- a. Describe two anticipated measurable outcomes for your proposed project/program.

3. Agency/Organization Type and Auditing and Fiscal Controls

- a. Describe the agency/organization’s entity type (governmental agency/department, non-profit corporation, for-profit corporation, partnership, LLC, etc.)
- b. Briefly describe your agency/organization’s fiscal oversight / internal controls to minimize opportunities for fraud, waste and mismanagement.
- c. How does your agency/organization plan to segregate ARPA funds from other agency funds for purposes of identification, tracking, reporting and audit?

4. Contingency Plan

- a. If your request is not fully funded, what adjustments are you prepared to make?

5. Project Budget

- a. Briefly explain project revenues and expenses related to this proposal. This should match with the Budget Overview (page 4).
- b. Be specific about how ARPA dollars would be spent.

6. Letters of Support (optional)

- a. Please provide any letters of support from stakeholders impacted or interested in your project.

Submit any letters as additional attachments with the application.

BUDGET OVERVIEW / INCOME AND EXPENSES

<u>Revenue Source Projections</u>	<u>Estimated Funding for this Project</u>
Proposed ARPA Funding	\$
Other Government Grants – list:	\$
	\$
Donation / Other Fundraising	\$
Internal / Self-Funding	\$
Other – list:	\$
Other – list:	\$
Total Revenues	\$

<u>Expenses</u>	<u>Project Budget (Proposed)</u>
Salaries / Benefits	\$
Occupancy	\$
Professional Fees / Contracted Services	\$
Program / Office Materials	\$
Marketing / Printing	\$
Professional Development	\$
Supplies / Materials	\$
COVID Related Expenses (please identify)	\$
Other – list:	\$
Other – list:	\$
Total Expenses	\$

NOTE: Revenues and Expenses must balance

THIS DOCUMENT CERTIFIES TO THE BEST OF ITS KNOWLEDGE:

1. The information submitted to the County of Oceana 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 Oceana 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. The authorized representative may mark documents "confidential" if the documents contain proprietary information; however, the County will make the ultimate determination as to its disclosure and public deliberation obligations under Michigan law.
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 Oceana County or the U.S. Treasury Department.

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

Signature of Authorized Representative

Date

Printed Name

Title

Organization Name

Internal Use Only:		
Approved _____	Denied _____	Date _____