



Date Received:

City of New Rochelle American Rescue Plan Act (“ARPA”)

Nonprofit Application Tranche 2



Ways to complete and submit your application for consideration:

1. ***Complete & Submit Electronically:***
<https://newrochellearpa.org/2023nonprofit/>

or

2. ***Complete & Submit Physical Hardcopies:***

*A copy of a complete application should be submitted to
Attention: Rita Azrelyant
Office of the City Manager
City of New Rochelle
515 North Avenue
New Rochelle, NY 10801.*

Only fully completed and signed applications will be considered for funding.

All inquiries should be directed to:

Rita Azrelyant
Email: razrelya@newrochelleny.com
Phone: (914) 654-2148



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Section I – Application Details

Program Overview. Utilizing funding from the American Rescue Plan Act, the City of New Rochelle is seeking to strengthen the social infrastructure of the City through grants to local not-for-profit, service, and educational organizations.

Application Dates. The City will accept applications from April 1, 2023 to June 30, 2023.

Request Process. The City will invite grant applications from eligible organizations and award American Rescue Plan Act funds allocated by the City to support social infrastructure.

Competitive Process. By completing the application, the applicant confirms that they understand that this is a competitive process, and their project may or may not be selected for further consideration or funding. Priority shall be given to organizations that operate within City limits. However, organizations providing services to City residents are also encouraged to apply.

Award Structure. Awards may be provided by the City of New Rochelle in the form of grants, loans, forgivable loans or any combination.

Decision Process. Each proposed project or use of ARPA funds will be subject to the City's standard ARPA decision making process in order to ensure eligibility and ability to meet all future reporting and compliance requirements as set forth by the US Treasury.

Required Documents. Applicants will be required to provide the City with the following documentation:

- Insurance (workers comp, disability, certificate of insurance, endorsement page naming the city as additional insured)
- Proof of tax exempt status of section 501(c)(3), 501(c)(4), or (19) of the Internal Revenue Code, listed on the IRS Master File
- Plan with budget
 - Capital Project (if applicable)
 - Budget must show quotes/bids from 3 vendors
 - Proof of ownership of property
 - Operating (if applicable)
 - Salary justification (comparison)
 - Prior year expenditures
 - Certified payroll
 - Location of program
 - Other funding



Financial Information. Please note, additional financial information will be required as part of the funding request.

Program Sustainability. Applicants must demonstrate program sustainability.

Award Structure and Cashflow. Awards in excess of \$50,000 will be provided in increments. Awards below \$50,000 will be provided in a lump sum.

Application Assistance. The City of New Rochelle will host information sessions. Please reach out to Rita Azrelyant (razrelya@newrochelleny.com) for more information, or visit: <https://newrochellearpa.org/2023faq/>

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Section II – Uses & Restrictions

City awarded funds must be expended in compliance with all applicable Local, State and Federal law. The use of funds must address costs directly associated with adjustments in operations and/or services due to COVID-19 impacts not otherwise addressed by current programs through the Federal or State governments. Unless otherwise noted, awarded funds may only be used for future expenses.

Eligible Organizations. To be eligible for funding, an organization must:

- Serve the New Rochelle Community.
- A current tax-exempt status as a public charity under section 501(c)(3), 501(c)(4), or (19) of the Internal Revenue Code, listed on the IRS Master File

Note: faith-based organizations that meet the above criteria are eligible to apply for funding; however, funding may not be used towards worship or religious instruction.

Eligible Uses. Funding is subject to the requirements specified in the U.S. Treasury’s Final Rule. In addition, Applicant awards must fall under one of the following categories:

- Funding for one-time expenditures that help build long-term capacity of the organization.
- Funding for projects/programs or services that are independently sustainable by the organization following the exhaustion of the ARPA funding. *(Organizations will need to provide a sustainability project/program budget in their application.)*
- Necessary and be directly related to the COVID-19 pandemic.

Award Restrictions. Awarded funds may not be used to pay taxes, fees, or any other payments due to the City of New Rochelle. In addition, non-profit organizations shall not be permitted to use funds received from this program for expenses that already or will be covered by any other local, state, or federal assistance program.

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Section III - Application

General Information:

Date of Application:	
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Organization/Entity Name:	
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Organization/Entity EIN:	
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Organization/Entity Physical Address:	
Address Line 1:	
Address Line 2:	
City:	
State:	
Zip:	

Organization/Entity Mailing Address (If Different):	
Address Line 1:	
Address Line 2:	
City:	
State:	
Zip:	

Contact Information:

Primary Contact Information	
Primary Contact Name:	
Primary Contact Title:	
Primary Contact Phone:	
Primary Contact Email:	
Preferred Method of Contact:	

Website (If Available):	
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Organization/ Entity Info and Structure:

Does the Agency Possess a Current Tax-Exempt Status as a Public Charity Under Section 501(C)(3), 501(C)(4), Or (19) of the Internal Revenue Code, Listed on the IRS Master File?	
Yes	
No	

If You Selected "Yes" Above, Please Provide Proof of a Current Tax-Exempt Status as a Public Charity Under Section 501(C)(3), 501(C)(4), Or (19) of the Internal Revenue Code, Listed on the IRS Master File

Date of Establishment:	
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Please Describe the Primary Function(s) or Service(s) of the Organization

If Applicable, Number of Employees: <i>(Separately List Part-Time & Full-Time)</i>

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Please Explain How the Organization was Negatively Impacted as Result of the COVID-19 Pandemic.

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Project Information:

What Amount of Funding is being Requested?	
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Does the Project Budget have any additional sources of funds?	
Yes	
No	

If You Selected "Yes" Above, Please Specify:

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How Will These Funds Help the Agency Either Respond to or Recover From COVID-19, Address Inequities in the Delivery of Health and Other Human Services, Build Organizational Capacity to Prepare for Future Public Health Emergencies or Human Services Challenges, or Focus on Achieving Educational Equity and Overcoming Learning Challenges?

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How Many Individuals from New Rochelle will be Served by this Project/Program?

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Are there any Other Projects/Programs in the Community that Address the Same Need?

Yes	
No	

If You Selected "Yes" Above, Please Explain:

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What are the Measurable Outcome of the Project/Program and How will the Agency Track/Measure these Outcomes?

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What is the Proposed Project Start Date:	What is the Proposed Project End Date:

Miscellaneous Questions:

Have you or the Organization / Entity Ever Applied for or Received Any Form of COVID-19 Relief Funds?	
Yes	
No	

If You Selected "Yes" Above, Please Specify:

What Would You Need for You or Your Organization / Entity to Resume Full Operations?

- Additional Staff
- Additional Marketing
- Working Capital
- Revision of Business Plan
- Resumption of Supply Chain
- Other

Provide Any Additional Information You Feel May Support Your Application.

If Needed, Your May Attach a File to Support Your Application



Tax Information:

Documents To be included with the submission (see “Appendix B”) of this application:
1) Federal Tax Return for Tax Year 2020 or IRS form 1040 Schedule C
2) Federal Tax Return for Tax Year 2021 or IRS form 1040 Schedule C
3) IRS Form W-9 Request for Taxpayer Identification Number & Certification

Certifications:

Future ARPA Reporting & Compliance Acknowledgments

(All Boxes Must Be Checked for Consideration by the City of New Rochelle)

I Have Read and Understand the U.S. Treasury’s Compliance and Reporting Guidance for State and Local Fiscal Recovery Funds

- Should the City Allocate ARPA Funds, I am Able to and Pledge to Adhere to ALL Compliance and Reporting Requirements of the U.S. Treasury as it relates to any State and Local Fiscal Recovery Funds
- I Understand the City Will Contact me if/when Additional Information is Needed and that Information will be Promptly Provided to the City to Support Reporting Requirements
- If for Any Reason I am Unable to Comply with the U.S. Treasury’s Compliance and Reporting Requirements I will Immediately Notify the Commissioner of Finance in writing by email or letter
- All Information Submitted In This Application Is True & Accurate

All boxes must be checked for consideration by the City of New Rochelle. Applicants MUST read the U.S. Treasury’s Compliance and Reporting Guidance for State and Local Fiscal Recovery Funds: <https://home.treasury.gov/system/files/136/SLFRF-Compliance-and-Reporting-Guidance.pdf>

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Signature Agreement:

Signature:	
Full Name:	

The Applicant covenants to save, defend, hold harmless and indemnify the City of New Rochelle, and all of its officers, departments, agencies, agents and employees (Collectively the “City”) from and against any and all claims, losses, damages, injuries, fines, penalties, costs (including court costs and attorney’s fees), charges, liability or exposure, however caused, resulting from, arising out of, or in any way connected with this application. The Applicant provides a waiver of confidential information provided to the Commissioner of the Finance of City of New Rochelle, and authorizes the internal use of this information for the award analysis. The Applicant acknowledges that the City of New Rochelle will keep all proprietary information voluntarily provided by the Applicant confidential to the extent permitted by the New York Freedom of Information Act and other applicable laws and regulations pertaining to the disclosure of records in its possession, and acknowledges that all grant award decisions are final and are not subject to appeal. I certify that I have read and understand and am authorized to complete and submit this application on behalf of the Applicant. I verify that the statements contained herein are true, accurate and complete. I acknowledge that false and inaccurate statements made on the application are grounds for immediate rejection of the application.

(End of Application)



Appendix A

U.S. Treasury

Compliance and Reporting Guidance State and Local Fiscal Recovery Funds

Please Note: As a part of this application, all applicants MUST confirm they have received and read a copy of the U.S. Treasury's Compliance and Reporting Guidance for State and Local Fiscal Recovery Funds. A link to these guidelines is provided below. Hardcopies will be made available by request of the City.

Web Address to U.S. Treasury Compliance and Reporting Guidance:
<https://home.treasury.gov/policy-issues/coronavirus/assistance-for-state-local-and-tribal-governments/state-and-local-fiscal-recovery-funds>



Appendix B

Please Attach:

1. Federal Tax Return for Tax Year 2020 or IRS form 1040 Schedule C
2. Federal Tax Return for Tax Year 2021 or IRS form 1040 Schedule C
3. IRS Form W-9 Request for Taxpayer Identification Number & Certification