



## American Rescue Plan Act (ARPA) Application Package

The American Rescue Plan Act of 2021, Coronavirus State and Local Fiscal Recovery Fund (ARPA) provides significant resources for counties to meet public health and economic impacts of the COVID–19 public health emergency. From the funds received by Okaloosa County, the Board of County Commissioners has approved \$1.5 million to assist nonprofits impacted by the pandemic.

Entities interested in applying for American Rescue Plan Act (ARPA) funding from Okaloosa County should familiarize themselves with the contents of this package prior to applying for funding. This package consists of the following documents:

- 1) Okaloosa County Nonprofit Agency Funding Policy approved May 21, 2019
- 2) Non-Profit Funding Request Application for FY 2022/2023  
THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH THE ARPA NONPROFIT FUNDING ELIGIBILITY SCREENING APPLICATION
- 3) American Rescue Plan Act (ARPA) Nonprofit Funding Guidance Supplement
- 4) ARPA Non-Profit Funding Eligibility Screening Application. Attached additional pages if necessary.  
THIS DOCUMENT MUST BE COMPLETED AND RETURNED IN ADDITION TO THE NONPROFIT FUNDING REQUEST APPLICATION FOR FY 2022/2023

| <b>Application Checklist</b>   |
|--|
| Use this checklist to ensure that you have completed and submitted all required documents to be considered for ARPA Nonprofit Funding. |
| Non-Profit Funding Request Application for FY 2022/2023  |
| ARPA Non-Profit Funding Eligibility Screening Application  |
| IRS Determination Letter of 501(c)(3) or 501(c)(19) Status   |
| IRS 990 Form (most recent tax year)  |
| State of Florida Solicitation of Contributions Form  |
| Agency's current year budget (revenues and expenses)   |
| Prior year financial statements (revenues and expenses, audited if required).  |
| Unique Entity ID verification  |
| Information regarding any other grant funding received or being applied for from March 3, 2021 to present                              |
| Any other information the applicant determines to be necessary to support their request for funding                                    |

**Submission Instructions:** The American Rescue Plan Act (ARPA) Application Package and all required attachments must be emailed uploaded to the ARPA Application Submission Portal no later than May 2, 2022 at 5:00 PM CST.

ARPA Application Submission Portal > [myokaloosa.com/arpa](https://myokaloosa.com/arpa)

## **OKALOOSA COUNTY NONPROFIT AGENCY FUNDING POLICY**

### **1.0 PURPOSE**

The purpose of this Nonprofit Funding Policy (the “Policy”) is to ensure that Okaloosa County is fiscally responsible in the allocation of County General Funds to nonprofit organizations and to ensure that the award and use of such funds are adequately documented. This Policy creates a uniform procedure for the submission, review, approval and accounting of funding requests to the County from nonprofit organizations (the “Agency”).

### **2.0 POLICY STATEMENT**

Okaloosa County is committed to providing financial assistance to those nonprofit agencies which assist Okaloosa County Government in carrying out its Vision of “providing an unmatched economic opportunity and quality of place and life for all citizens” and Mission to “engage our private and public sector partners to provide ... economic opportunity and excellence in critical services to enhance the quality of life for all residents.”.

### **3.0 NONPROFIT AGENCY ELIGIBILITY FOR COUNTY FUNDS**

It shall be the policy of Okaloosa County to consider providing assistance to nonprofit agencies meeting the criteria detailed below.

#### **3.1 Eligibility Requirements**

All nonprofits shall verify their nonprofit status by submitting an IRS determination letter confirming 501(c)(3) status, the most recent IRS 990 form and a current solicitation license from the Florida Secretary of State (or if exempt, the exemption letter). Additionally, nonprofit organizations must not have their revenue suspended by the Florida Secretary of State or have overdue federal or state taxes.

#### **3.2 Accountability**

Nonprofit agencies shall adhere to accountability standards set by this policy and as required by law. **Compliance with these standards is a criterion for funding.** These standards include but are not limited to:

1. Complying with all financial requirements including the submission of financial statements or audits as specified.
2. Complying with program performance measurement requirements including submission of Performance Reports.
3. Complying with all other application terms, including meeting all deadlines.

### 3.3 Funding Eligibility

1. A nonprofit agency must be incorporated under the State of Florida, and have operated for two (2) consecutive years by December 31st of the year preceding the application deadline.
2. Nonprofit agencies may not use a funding agent or other third party arrangement to meet program requirements for eligibility.
3. Only one complete application per agency will be considered each year.
4. Grants are for programmatic expenses (items recognized under Generally Accepted Accounting Practices – GAAP – as operating costs)
5. The County will not fund the purchase of capital assets with a value in excess of \$5,000 or a useful life greater than three years.
6. A nonprofit agency must be available to all residents in Okaloosa County who meet the eligibility requirements of the Agency. Services offered by the agency/program must not be restrictive with regard to race, sex, age, religion, disability, or any other classification that would be prohibited by law.
7. Funding requests must specifically describe how the agency program impacts the health, economic, or social well-being of the clients served and how such program serves a public purpose.
8. Funding requests must also include performance measures establishing how they impact the health, economic, and/or social well-being of the clients served and how they serve a public purpose.

## 4.0 FUNDING APPLICATION PROCEDURE

### 4.1 Application Timeline

1. Annually, a public notice of availability of funding and information for applying will be advertised by the Office of Management and Budget (OMB) Department no later than April 15th.
2. A copy of the application will be available on Okaloosa County's website.
3. Completed applications are due to the OMB Department **no later than the date indicated in each year's public notice.** Applications received after the published deadline will be deemed ineligible for that year.

### 4.2 Application Requirements

A completed County nonprofit funding application is required, along with all required documentation by the advertised deadline.

### 4.3 Funding Award

1. The County Administrator will make nonprofit funding recommendations in the Recommended Budget to the Board of County Commissioners.
2. The Board of County Commissioners will approve final funding for nonprofits when the Annual Operating Budget is adopted.
3. Applicants will be notified of the final funding amount no later than October 1st.
4. Funds may be dispersed in advance or on a reimbursement basis.
5. An agency awarded nonprofit program funds must accept the funds by completion of a contractual agreement which must be signed by the agency's Executive Director and the County Administrator. Failure to execute a contractual agreement will result in forfeiture of funding award.

#### **4.4 Conflict of Interest**

The consideration, award and funding of any nonprofit agency pursuant to the Nonprofit Program, shall be carried out in a manner consistent with the Code of Ethics for Public Officers and Employees, Florida Statute Chap. 112, Part III, Code of Ethics for Public Officers and Employees and Okaloosa County Human Resources Policy Manual, Chap XIII, Code of Conduct

#### **5.0 GRANT REPORTING AND MONITORING**

Each funded agency will submit an annual financial report and an annual programmatic report. These reports describe progress towards program outcomes and require a financial report detailing expenditures signed by the agency's Executive Director. Agencies are required to maintain detailed back-up documentation of expenditures, available for review by county staff upon request. Failure to comply with these reporting requirements may jeopardize county funding. Site visits may be performed annually to determine and verify data collection methodology. Any Agency which receives funding under this Policy may be subject to an audit by the Board of County Commissioners or its designee.

For funding up to \$10,000, the Agency shall provide an affidavit stating the funds were used to reimburse the Agency for expenses incurred in accordance with this Policy, the Application and all applicable county, state and federal rules, laws and regulations no later than December 31 of the fiscal year for which funding was awarded.

For funding above \$10,000, the Agency shall provide an accounting of those funds along with receipts and documentation which establishes that the funds were expended in conformity with this Policy, the Application and all applicable county, state and federal rules, laws and regulations.

# Non-Profit Funding Request Application

**Application Deadline: May 2, 2022 CST**



**This application must be complete and submitted in addition to the ARPA Screening Application.**

| Organization and Contact Information |                                 |      |
|--------------------------------------|---------------------------------|------|
| Agency Name:                         |                                 |      |
| Street Address:                      |                                 |      |
| City:                                | State:                          | Zip: |
| Website:                             |                                 |      |
| Executive Director:                  |                                 |      |
| Phone:                               | Email:                          |      |
| Name and Title of Principle Contact: |                                 |      |
| Phone:                               | Email:                          |      |
| Date of Incorporation:               | Consecutive Years of Operation: |      |

| Program Information  |                               |
|--|-------------------------------|
| Program Name:  |                               |
| Total Program Cost:  | <b>Total Funding Request:</b> |
| <p><b>Public Purpose:</b> Describe in detail how the Program impacts the health, economic opportunity, or social well-being of the clients served, and the methodology for providing services.</p> <p>Clearly align Program impacts with Okaloosa County's Vision of "providing an unmatched economic opportunity and quality of place and life for all citizens" and Mission to "engage our private and public sector partners to provide...economic opportunity and excellence in critical services to enhance the quality of life for all residents."</p> |                               |
|  |                               |

If there are similar service providers or Programs, distinguish how this Program is different.

**Resources:** Explain the agency's staffing, equipment, facilities, etc. that will be used to effectively deliver the Program services described above.

**Additional Funding Sources:** Please list any additional County funding received as part of this application.

**Budget:** Provide a clear budget that indicates a reasonable expense for the Program services and leverages other funds to the greatest extent possible.

| Federal Grant            | State Grant        | Private Partnerships     | Donations/ Other               | Okaloosa County   | Total Revenues |
|--------------------------|--------------------|--------------------------|--------------------------------|-------------------|----------------|
|                          |                    |                          |                                |                   |                |
|                          |                    |                          |                                |                   |                |
| Personnel                | Program Operations | Administrative/ Overhead | Facilities Repair/ Maintenance | Capital Equipment | Total Expenses |
|                          |                    |                          |                                |                   |                |
|                          |                    |                          |                                |                   |                |
|                          |                    |                          |                                |                   |                |
| Clients Served Annually: |                    |                          | Cost per Client Served:        |                   |                |

**Performance Metrics:** Identify measures to define Program success and impact to clients served.

|            | Oct '19 – Sep '20 Actual | Oct '20 – Sep '21 Actual | Oct '21 – Sep '22 Estimate | Oct '22 – Sep '23 Estimate |
|------------|--------------------------|--------------------------|----------------------------|----------------------------|
| [Metric 1] |                          |                          |                            |                            |
| [Metric 2] |                          |                          |                            |                            |
| [Metric 3] |                          |                          |                            |                            |

If historical data is not available for an existing program, please explain.

**Certification/Attestation**

The Program’s services are not be restrictive with regard to race, sex, age, religion, disability, or any other classification that would be prohibited by law.

The Program’s services are available to all residents in Okaloosa County who meet the eligibility requirements of the Agency.

An annual financial report detailing Program revenues and expenditures signed by the agency’s Executive Director will be provided.

An annual programmatic report describing progress towards Program outcomes signed by the agency's Executive Director will be provided.

Agency may be subject to on-site visits or audit by the Board of County Commissioners or its designee.

I have read, fully understand and agree to be bound by Okaloosa County's Non-Profit Funding Policy (the "Policy"). I have completed this application fully and accurately and have not misrepresented any information contained herein. I certify that the requested funds will be used for the purposes set forth in this application and in conformity with the Policy and Florida law.

\_\_\_\_\_

Executive Director Signature Date

**Application Checklist**

The documents below must be submitted along with your application.

|  |  |
|--|--|
| IRS Determination Letter of 501(c)(3) Status.                                |  |
| IRS 990 Form (most recent tax year)  |  |
| State of Florida Solicitation of Contributions Form                          |  |
| Agency's current year budget (revenues and expenses)                         |  |
| Prior year financial statements (revenues and expenses, audited if required) |  |

**This application must be submitted with the ARPA Screening Application and uploaded to the portal.**

**Please complete all sections of the application form.**

**Incomplete applications and/or applications received after the deadline will not be considered.**



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For Internal Use Only:

| <b>Scoring Key:</b><br>1 – Serious substantive issues or areas of weakness<br>2 – Issues or areas of weakness<br>3 – Acceptable<br>4 – Thorough details & effective use of resources<br>5 – Exceptional level of effectiveness & innovation  | Score |
|--|-------|
| <b>Public Purpose criteria:</b><br>- clear description of program services and delivery mechanisms<br>- measureable outcomes to be achieved<br>- methods and strategies in place to collect valid data to support program outcomes<br>- outcomes that meaningfully work toward achieving Okaloosa County’s Vision and Mission statements<br>- identification of other organizations that provide the same or similar services<br>- demonstration of the uniqueness of the organization’s program |       |
| <b>Resources criteria:</b><br>- information about the program’s staffing structure and personnel credentials<br>- description of the necessary equipment, software and physical resources to deliver the program services<br>- evidence that the organization can sustain appropriate levels of service<br>- potential partnerships, collaborations with defined roles and responsibilities  |       |
| <b>Budget criteria:</b><br>- categorization of revenues and expenses<br>- identification of matching grants or the leveraging of other funding sources<br>- evidence of decreased reliance on Okaloosa County funding  |       |
| <b>Performance Measures criteria:</b><br>- at least two performance measures that communicate how the program is impacting the defined target population<br>- at least one performance measure that aligns with Okaloosa County’s Vision and Mission statements<br>- established measures that drive the program’s work and that meet the targeted goals   |       |
| Total  |       |

County Administrator Recommended Funding Amount: \$ \_\_\_\_\_

Board Approved Funding Amount: \$ \_\_\_\_\_



# American Rescue Plan Act (ARPA) State and Local Fiscal Recovery Fund NONPROFIT FUNDING GUIDANCE SUPPLEMENT

## INTRODUCTION

The American Rescue Plan Act of 2021, Coronavirus State and Local Fiscal Recovery Fund (ARPA) provides significant resources for counties to meet the wide range of public health and economic impacts of the COVID-19 public health emergency. Okaloosa County Board of County Commissioners has received State and Local Fiscal Recovery Funds (SLFRF) to respond to the public health emergency with respect to COVID-19 or address its negative economic impacts.

The County has established these guidelines and an eligibility screening application that will be used to determine the eligibility of nonprofit organizations operating within Okaloosa County to receive an allocation of SLFRF funds from the Okaloosa County Board of County Commissioners, pursuant to Sections 602(c)(1)(A) and 603(c)(1)(A) of the Act<sup>1</sup>, which describe eligible uses of funds.

## GRANT OVERVIEW

This is a grant program, not a loan. There are limited funds available for this program. The County will only consider making awards that are in conformance with the:

- 1) Okaloosa County Nonprofit Agency Funding Policy approved May 21, 2019; and
- 2) American Rescue Plan Act (ARPA) Nonprofit Funding Guidance Supplement; and
- 3) Directly correlate with responding to the COVID-19 public health emergency or its negative economic impacts pursuant to the American Rescue Plan Act of 2021 (ARPA) Final Rule.

In instances where the ARPA Nonprofit Funding Guidance Supplement differs from the Nonprofit Agency Funding Policy, the ARPA Nonprofit Funding Guidance will prevail. The Nonprofit must sign a funding agreement<sup>2</sup> with Okaloosa County that will include, but is not limited to, general legal principles, reporting, access to financial records, and audit provisions if applicable. The agreement will be provided to awarded applicants. Upon executed grant agreement with the County, the recipient will be provided funding in the amount awarded.

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<sup>1</sup> Program is based on Final Rule, released January 6, 2022 which takes effect April 1, 2022.

<sup>2</sup> Funding agreements may be either be in the form of a subrecipient grant agreement or end user grant agreement, collectively referenced as grant agreements, depending on what funding a Nonprofit qualifies for in accordance with ARPA Final Rule and whether the Nonprofit will be receiving funds as the end user or for providing services to an end user.

## PROGRAM HIGHLIGHTS

- **Application deadline: May 2, 2022 – 5:00 pm**
- Grant Term: Two Years from Award Notification
- Funds may be used for programs, services and capital expenditures
- The county may consider awards to mitigate financial hardships provided the nonprofit can demonstrate a negative economic impact caused by the COVID-19 pandemic. (Nonprofits will be required to provide detailed documentation to demonstrate the negative economic impact.)
- The county may consider reimbursement of COVID-19 related expenditures retroactive to March 3, 2021 provided there is no duplication of benefits.

## APPLICATION ELIGIBILITY FOR NONPROFITS

- Must be an active State of Florida registered Nonprofit 501(c)(3) or 501(c)(19)<sup>3</sup>
- Must have been in operation for at least one full year
- Must provide direct services to the Okaloosa County community
- Must be registered with the System for Award Management (SAM.gov)
- Must have a recent IRS form 990

For-profit entities and individuals are not eligible.

## PROGRAM FUNDING CATEGORIES

- A funding allocation of \$750,000 has been allocated for requests that are of a “capital expenditure” nature as outlined within 2 CFR 200.1 Uniform Guidance and the American Rescue Plan Act of 2021 (ARPA) Final Rule.
- A funding allocation of \$750,000 has been allocated for all non-capital requests. Applications submitted in this category may not exceed \$50,000.
- Applicants must select one of the two categories and may only submit one application in total.

## APPLICATION REQUIREMENTS

- Applicants must complete and submit the county’s generic “Nonprofit Funding Request Application” **and** the (ARPA) Nonprofit Funding Eligibility Screening Application.
- To be considered complete, applications must be accompanied by the following documents:
  - IRS Determination Letter of 501(c)(3) or 501(c)(19) status
  - IRS 990 Form (most recent tax year)
  - State of Florida Solicitation of Contributions Form
  - Agency’s current year approved budget (revenues and expenses)
  - Prior year financial statements (revenues and expenses, audited if required)
  - Any other documentation requested by the County which may be necessary to determine eligibility
  - Information as to any other grant funding received or being applied from March 3, 2021 to present.
- Incomplete applications and/or applications received after the deadline will not be considered.

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<sup>3</sup> The final rule expands the eligibility of funding to 501(c)(3) organizations and 501(c)(19).

**APPLICATION REVIEW CRITERIA**

Award allocations will be based on the total number of applicants, completeness of applications, expense eligibility, organizational need, and community benefit.<sup>4</sup> Awards will be proportional to the need and any negative economic impact experienced by the nonprofit.

Consistent with the Okaloosa County Nonprofit Agency Funding Policy approved May 21, 2019, the County will consider funding programs that impact the health, economic opportunity, or social well-being of the clients served, and the methodology for providing services. Respondents must clearly demonstrate how the proposed program aligns with Okaloosa County’s Vision of “providing an unmatched economic opportunity and quality of place and life for all citizens” and Mission to “engage our private and public sector partners to provide...economic opportunity and excellence in critical services to enhance the quality of life for all residents.”

Respondents should refer to Page 5 of the Non-Profit Funding Request Application for a description of evaluation criteria that will be used to evaluate each application for funding.

This guidance is approved by the Board of County Commissioners this \_\_\_\_ day of \_\_\_\_\_, 2022 and shall constitute the written policy for this program.



Mel Ponder, Chairman  
Okaloosa County Board of County Commissioners

ATTEST

\_\_\_\_\_  
JD Peacock II, Clerk of Courts

APPROVED FOR LEGAL SUFFICIENCY

  
\_\_\_\_\_  
Lynn M. Hoshihara, County Attorney

<sup>4</sup> Please note: There is no entitlement to the funds allocated under this program. It is within the sole discretion of the County to make a determination as to whether to fund a particular non-profit and at what amount. Such decisions are not challengeable.



# (ARPA) Non-Profit Funding Eligibility Screening Application

**Funding Period: Two years following award notification**  
**Application Deadline: May 2, 2022 by 5:00pm CST**

| Introduction  |  |  |
|---|--|--|
| <p>The American Rescue Plan Act of 2021, Coronavirus State and Local Fiscal Recovery Fund (ARPA), sec. 9901, Public Law 117–2, codified at 42 U.S.C. 802, provide significant resources for counties to meet the wide range of public health and economic impacts of the COVID–19 public health emergency. These provisions authorize the use of payments from the Fiscal Recovery Funds to the Okaloosa County Board of County Commissioners, as recipient, to respond to the public health emergency with respect to COVID–19 or address its negative economic impacts.</p> <p>The US Treasury has encouraged recipients to provide assistance to non-profits in communities impacted by the pandemic. This application will help determine the eligibility of nonprofit organizations operating within Okaloosa County to receive American Rescue Plan Act grant funds from the Okaloosa County Board of County Commissioners, pursuant to Sections 602(c)(1)(A) and 603(c)(1)(A) of the Act, which describe eligible uses of funds.</p> |  |  |

| Organization and Contact Information |                                 |      |
|--------------------------------------|---------------------------------|------|
| Agency Name:                         |                                 |      |
| Street Address:                      |                                 |      |
| City:                                | State:                          | Zip: |
| Website:                             |                                 |      |
| Executive Director:                  |                                 |      |
| Phone:                               | Email:                          |      |
| Name and Title of Principle Contact: |                                 |      |
| Phone:                               | Email:                          |      |
| Date of Incorporation:               | Consecutive Years of Operation: |      |

| Funding Categories   |                                      |
|--|--------------------------------------|
| <p>The Okaloosa County Board of County Commissioners has established two categories of funding. An applicant may only request funding in one category and may only submit one application for consideration of ARPA funding. Please select one of the following categories for proposed use of ARPA funding:</p> |                                      |
| <input type="checkbox"/> Capital <sup>1</sup> (Must fully complete pages 6 and 7)  | <input type="checkbox"/> Non-Capital |

<sup>1</sup> Per the Uniform Guidance at 2 C.F.R. 200.1, the term “capital expenditures” means “expenditures to acquire capital assets or expenditures to make additions, improvements, modifications, replacements, rearrangements, reinstallations, renovations or alterations to capital assets that materially increase their value or useful life.” Capital assets include land, equipment and intellectual property, and equipment having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000.

What is the organization's service area and/or affiliation?

- Nationwide
- State of Florida
- Regional/Local
- County based
- Other \_\_\_\_\_

If the organization serves more than just Okaloosa County, please describe service area:

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**Services Provided by Organization and Persons Served**

What are the primary services provided by the Organization? Check all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Addressing Homelessness              | <input type="checkbox"/> Foster Care            |
| <input type="checkbox"/> Crisis Shelter                       | <input type="checkbox"/> Child Health & Welfare |
| <input type="checkbox"/> Cold Weather Shelter                 | <input type="checkbox"/> Youth Development      |
| <input type="checkbox"/> Affordable Housing                   | <input type="checkbox"/> Disaster Assistance    |
| <input type="checkbox"/> Free Medical or Dental Clinic        | <input type="checkbox"/> Elder Care             |
| <input type="checkbox"/> Mental or Behavioral Health Services | <input type="checkbox"/> Special Needs Care     |
| <input type="checkbox"/> Medical Welfare - Other              | <input type="checkbox"/> Substance Abuse        |
| <input type="checkbox"/> Domestic Violence Support            | <input type="checkbox"/> Food Bank              |
| <input type="checkbox"/> Abused and Neglected Children        | <input type="checkbox"/> Workforce/job training |
| <input type="checkbox"/> Substance Abuse Treatment            | <input type="checkbox"/> Other _____            |

Does the organization service the following persons? Check all that apply:

- Individuals or families facing economic and financial challenges due to the pandemic
- Individuals working in the tourism, travel and hospitality industry
- Low- and moderate-income families or persons
- Persons working in-person front line work, thus subsequently exposed to greater risk
- Children of disproportionately affected families
- Homeless population
- Individuals who experienced a loss of earning from the COVID-19 public health emergency
- Other \_\_\_\_\_

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Please use this space to outline any other details regarding the services provided by your organization.

What challenges has the non-profit faced since the start of the Pandemic, directly as a result of the COVID-19 public health emergency? Check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Covering payroll for paid employees      | <input type="checkbox"/> Temporary or permanent closures   |
| <input type="checkbox"/> Paying mortgage or rent for organization | <input type="checkbox"/> Financial Hardships   |
| <input type="checkbox"/> Paying utility costs                     | <input type="checkbox"/> Decreased revenue (donations and fees)                                    |
| <input type="checkbox"/> Paying operating costs                   | <input type="checkbox"/> Excessive costs associated with COVID-19 prevention or mitigation tactics |
| <input type="checkbox"/> Increased cost associated with demand    |  |
| <input type="checkbox"/> Other (provide detail)                   |  |

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the organization received or applied for any Federal, State or Local grant assistance for costs incurred as a result of COVID-19? If yes, please provide details including source of funding, use of funds, amount of funds, etc.       Yes       No

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Use of Funds to Respond to Health Emergency

If funds are proposed to be used to respond to the public health emergency, including expenditures for mitigation and prevention of COVID-19 and to decrease the spread the virus, please select how funds will be used:

- Public health expenditures (COVID-19 mitigation efforts, medical expenses, behavioral healthcare, public health and safety staff).
- Expenses related to COVID–19 vaccination programs and sites, including staffing, acquisition of equipment or supplies, facilities costs, and information technology or other administrative expenses
- COVID–19-related expenses of public hospitals, clinics, and similar facilities
- COVID–19 related expenses in congregate living facilities, including skilled nursing facilities, long-term care facilities, incarceration settings, homeless shelters, residential foster care facilities, residential behavioral health treatment, and other group living facilities
- Costs of providing COVID–19 testing and monitoring, contact tracing, and monitoring of case trends and genomic sequencing for variants
- Expenses for acquisition and distribution of medical and protective supplies, including sanitizing products and personal protective equipment
- Expenses for treatment of the long-term symptoms or effects of COVID–19, including post-intensive care syndrome
- Mental health treatment, substance misuse treatment, and other behavioral health services.
- Administrative costs associated with the recipient’s COVID– 19 public health emergency assistance programs
- Capital expenditures that are responsive to the public health emergency and/or public health response (**if Capital expenditures are proposed, please be sure to fully complete the section of this application titled “Requests for Capital Expenditures”**)
- Other \_\_\_\_\_

### Funds Will Be Used On These ARPA Allowable Activities

Funds can only be used **to address the negative economic impacts caused by the COVID-19 public health emergency and/or to respond to the public health emergency**. If your organization is approved to receive funding from Okaloosa County, how will funds be used? Check all that apply:

- Cash assistance to households in response to the COVID–19 public health emergency
- Assistance to unemployed workers who want and are available for work or who are employed part time but who want and are available for full-time work.
- Survivor’s benefits. Benefits for the surviving family members of individuals who have died from COVID–19, including cash assistance to widows, widowers, or dependents of individuals who died of COVID–19.
- Emergency assistance for burials
- Food assistance
- Utility Assistance
- Internet Access
- Rent/Mortgage Assistance
- Counseling and Legal Aid to prevent eviction or homelessness



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- Services to address homelessness such as supportive housing, and to improve access to stable, affordable housing among unhoused individuals
  - Affordable housing development to increase supply of affordable and high-quality living units
  - Housing vouchers, residential counseling, or housing navigation assistance to facilitate household moves to neighborhoods with high levels of economic opportunity and mobility for low-income residents, to help residents increase their economic opportunity and reduce concentrated areas of low economic opportunity.
  - Home Repairs
  - Remediation of lead paint or other lead hazards
  - Weatherization
  - Job Training to address negative economic or public health impacts experienced due to a worker’s occupation or level of training
  - New or expanded early learning services
  - Assistance accessing or applying for public benefits or services
  - Community violence intervention programs
  - Programs or services that address or mitigate the impacts of the COVID– 19 public health emergency on childhood health or welfare, including: (A) New or expanded childcare; (B) Programs to provide home visits by health professionals, parent educators, and social service professionals to individuals with young children to provide education and assistance for economic support, health needs, or child development; and (C) Services for child welfare-involved families and foster youth to provide support and education on child development, positive parenting, coping skills, or recovery for mental health and substance use.
  - Educational and evidence-based services to address the academic, social, emotional, and mental health needs of students
  - Capital expenditures to address the negative economic impacts caused by the COVID-19 public health emergency (**if Capital expenditures are proposed, please be sure to fully complete the section of this application titled “Requests for Capital Expenditures”**)
  - Other \_\_\_\_\_
- 
- 
-

### Requests for Capital Expenditures

If the applicant selected the funding category “Capital” on Page 1 or proposes to utilize ARPA funding for projects of a capital nature, the applicant must complete this section.

Please note, in most cases, applicants will be required to provide documentation that the proposed capital expenditures are eligible for ARPA funding. A capital expenditure is eligible if a recipient:

- identifies a harm or impact to a beneficiary or class of beneficiaries caused or exacerbated by the public health emergency, or its negative economic impacts; and
- the proposed capital expenditure responds to such harm; and
- the proposed capital is reasonably designed to benefit the beneficiary or class of beneficiaries; and
- the proposed capital expenditure is related and reasonably proportional to the extent and type of harm or impact experienced

If proposed to address an intended harm, the proposed capital expenditure must do so in a more cost-efficient manner than an alternative investment, program or service. If your organization is approved to receive funding from Okaloosa County, how will funds be used? Check all that apply:

- Capital investments in equipment, real property and public facilities to meet pandemic operation needs such as physical plant improvements to health clinics or adaptations to implement COVID-19 prevention/mitigation tactics
- Improvements or construction of COVID-19 testing sites and laboratories, and acquisition of related equipment
- Improvements or construction of COVID-19 vaccination sites
- Improvements or construction of medical facilities generally dedicated to COVID–19 treatment and mitigation (e.g., emergency rooms, intensive care units, telemedicine capabilities for COVID–19 relate treatment)
- Expenses of establishing temporary medical facilities and other measures to increase COVID–19 treatment capacity, including related construction costs
- Acquisition of equipment for COVID–19 prevention and treatment, including ventilators, ambulances, and other medical or emergency services equipment
- Improvements to or construction of emergency operations centers and acquisition of emergency response equipment (e.g., emergency response radio systems)
- Installation and improvements of ventilation systems
- Costs of establishing public health data systems, including technology infrastructure
- Adaptations to congregate living facilities, including skilled nursing facilities, other long-term care facilities, incarceration settings, homeless shelters, residential foster care facilities, residential behavioral health treatment, and other group living facilities, as well as public facilities and schools (excluding construction of new facilities for the purpose of mitigating spread of COVID–19 in the facility)
- Mitigation measures in nonprofits (e.g., developing outdoor spaces)
- Affordable housing and permanent supportive housing
- Improvements to or new construction of childcare, daycare, and early learning facilities for disproportionately impacted communities.

- Capital expenditures related to food banks and other facilities primarily dedicated to addressing food insecurity
- Transitional shelters (e.g., temporary residences for people experiencing homelessness)
- Behavioral health facilities and equipment (e.g., inpatient or outpatient mental health or substance use treatment facilities, crisis centers, diversion centers)
- Capital Expenditures and other services to address vacant and abandoned properties, or facilities and equipment related to the provision of these services in disproportionately impacted communities.
- Other (please fully describe)

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Does the proposed capital expenditure fill a critical gap in the applicant’s response to the pandemic?  
Please provide a written response:

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Will the proposed capital expenditure generate benefits beyond the two-year period of performance?  
Please provide a written response:

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Does the proposed capital expenditure address an intended harm in a more cost-efficient manner than a program or service? Please provide a written response:

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Does the proposed expenditure conflict with or contravene the statutory purpose of ARPA?

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Does the proposed expenditure undermine efforts to stop the spread of COVID-19?

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**Capital Request**

**Enter amount of funding request: \$**

Describe in detail how funding will be used to support the organization’s efforts to address the negative economic impacts caused by the COVID-19 pandemic, respond to the public health emergency or continue to provide services to the community. For the proposed capital expenditure, provide a written justification that:

- 1) Describes the harm or need to be addressed;
- 2) Explains why a capital expenditure is appropriate; and
- 3) Compares the proposed capital expenditure to at least two alternative capital expenditures and demonstrate why the proposed capital expenditure is superior.

**ARPA Non-Profit Funding Request (Non-Capital)**

**Enter amount of funding request: \$**

Describe in detail how funding will be used to support the organization’s efforts to address the negative economic impacts caused by the COVID-19 pandemic, respond to the public health emergency or continue to provide services to the community.

**Certification/Attestation**

The Program's services are not restrictive with regard to race, sex, age, religion, disability, or any other classification that would be prohibited by law.

The Program's services are available to all residents in Okaloosa County who meet the eligibility requirements of the Agency.

All funds will be used to support the organization's efforts to address the negative economic impacts caused by the COVID-19 public health emergency or to respond to the public health emergency.

Your organization will promptly enter into a subrecipient agreement outlining the terms and condition of the grant funds.

Detailed receipts and documentation which establishes that the funds were expended in conformity with the application, and all applicable county, state and federal rules, laws and regulations shall be provided for the purposes of reimbursement.

There will be no duplication of benefits from other funding sources.

Agency may be subject to on-site visits or audit by the Board of County Commissioners or its designee.

I have read the Okaloosa County Nonprofit Agency Funding Policy approved May 21, 2019 and the American Rescue Plan ACT (ARPA) State and Local Fiscal Recovery Fund Nonprofit Funding Guidance Supplement and certify that the requested funds will be used in compliance with both policies.

I have completed this application fully and accurately and have not misrepresented any information contained herein. I certify that the requested funds will be used for the purposes set forth in this application and in conformity with the Policy and Florida law.

\_\_\_\_\_  
Executive Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director Name (Printed)

**Application Checklist**

The documents below must be submitted along with your application.

|  |  |
|--|--|
| IRS Determination Letter of 501(c)(3) or 501(c)(19) Status.                  |  |
| IRS 990 Form (most recent tax year)  |  |
| State of Florida Solicitation of Contributions Form                          |  |
| Agency's current year approved budget (revenues and expenses)                |  |
| Prior year financial statements (revenues and expenses, audited if required) |  |
| Unique Entity ID verification  |  |

**Applications and required documentation must be submitted through the County's ARPA portal.**

**Visit [myokaloosa.com/nonprofitfunding](http://myokaloosa.com/nonprofitfunding) for more details.**

**Please complete all sections of the application form.**

**Incomplete applications and/or applications received after the deadline will not be considered.**

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For Internal Use Only:

County Administrator Recommended Funding Amount: \$ \_\_\_\_\_

Board Approved Funding Amount: \$ \_\_\_\_\_