American Rescue Plan Act

Non-Profit Assistance Program



**Guidelines and Application**

**OVERVIEW OF PROGRAM**

A major focus to relieve the severe impact of COVID-19 is targeting the economic impact that fell on low-income and underserved communities. These pre-existing disparities in low-income communities’ verses others, only amplified during the pandemic. We put our focus on diversity and assisting communities that have been disproportionately impacted. The nonprofits/Civic organizations needed assistance due to receiving increased demand for services during the pandemic, along with declines in revenue sources such as donations and fees.

1. **Purpose of Program**

The City of Jamestown American Rescue Plan Non-Profit Assistance Program NPAP in the form of competitive grant funding is designed to assist Jamestown non-profit organizations recover from the COVID-19 pandemic and corresponding economic crisis. A total of $1,500,000 is budgeted for this program.

1. **Source of Funds**

This program is funded by the American Rescue Plan Act of 2021. The U.S. Department of Treasury is responsible of overseeing this unprecedented program that provides a substantial infusion of resources to eligible state, local, territorial, and tribal governments to help reverse the negative impacts of the pandemic, address its economic fallout, and lay the foundation for a strong and equitable recovery. The NPAP funding is limited to $1,500,000.

1. **Funding Structure and Awards**

Awards are structured as fifty-percent grant and fifty-percent forgivable loan. The loan portion of the award will be forgiven if measurables as stated by the applicant are met by December 31, 2026. **See Section IV**.

Awards will assist with up to seventy-five percent of the total project costs in amounts not to exceed **$200,000**. A minimum of twenty-five percent of the total project costs will be the responsibility of the applicant.

\*JLDC and City Council reserve the right to award grants greater than $200,000 at their discretion and as justifiable need is demonstrated by the applicant. Requests for grant amounts greater than the $200,000 threshold will be reviewed on a case-by-case basis and will be subject to a PILOT agreement with the City of Jamestown

* In the amount equal to 10% of the estimated annual property tax payment if the property were subject to being taxed

Funding assistance will be available to eligible organizations who meet the requirements of **Section I**.

Awards will be determined on the strength of the project. Each project will be rated based on criteria that is outlined in **Section III.**

1. **Program Exclusions**

Organizations located outside Jamestown city limits are not eligible to apply

**SECTION I – ELIGIBILITY**

1. **Eligible Entities**

Both public and private non-profit organizations, **501(c)(3) or 501(c)(4)**, which are headquartered in the City of Jamestown and provide a benefit to the City and its residents.

Organizations must have a non-profit designation at the time of grant application submission. Programs/projects must be carried out in the City of Jamestown and serve only City of Jamestown residents.

Applicants must offer their services to all residents of the City of Jamestown, regardless of political or religious opinions or affiliations, age, sex, race, color, national origin, marital status, disability, sexual orientation.

Social clubs, Political organizations, and/or Athletic Associations are ineligible.

1. **Eligible Activities**

Assistance may be used for the following:

* Replacement of lost revenue due to COVID-19.
* Expenses related to implementing safer operating procedures such as spatial changes to enable social distancing, enhanced cleaning efforts, barriers or partitions, or COVID-19 vaccination, testing, or contact tracing programs
* Expenses to weather periods of closure including payroll and benefits costs, costs to retain employees, mortgage, rent, or utilities costs, and other operating costs
* Expenses to mitigate financial hardship including technical assistance, counseling, or other services to assist with organizations planning needs
* Expenses must have been incurred after March 3, 2021.
* There can be no duplication of benefits. Expenses already covered by other COVID-19 relief measures including federal, state, and local grants or loans, are not eligible uses for funding under this grant program.
* Other as proposed by applicant and accepted by JLDC Staff + Board
* Funding for new programs designed in response to the COVID-19 pandemic or those designed to serve a population disparately impacted by the public health emergency and its economic impacts, such as lower-income households
1. **Ineligible Activities**
* Loss that bears no relation or are grossly disproportionate to the type or extent of harm experienced due to the COVID-19 public health emergency
* Contributions to rainy day funds, financial reserves, or similar funds
* Payment of interest or principal on outstanding debt instruments
* Inherently religious activities, such as worship, religious instruction, or proselytization and/or those that promote or inhibit religious interests
* Lobbying, support of candidates for public office or other political activities
* Past infrastructure projects that did not comply with NYS Labor Laws regarding the payment of prevailing wage
* Funding for programs or organizations that do not serve Jamestown residents
* Economic hardship incurred prior to the period beginning March 3, 2021
* Expenses reimbursed or eligible for reimbursement through any other contract or agreement with the City, including but not limited to Community Service Grant, Community Development Block Grant, and CARES Grant
1. **Minimum Zoning Standards**

All work performed under this program must meet all applicable standards contained in the City of Jamestown’s adopted zoning ordinance and local building and safety codes.

**SECTION II – APPLICATION REQUIREMENTS**

1. **Applications**

Applications will be received and reviewed by an Evaluation Committee of three (3) Department of Development (DOD) staff by November 1, 2024, or until such time as this program is suspended or terminated by the City. Along with an application for assistance, organization must submit:

1. A business plan for utilizing the NPAP funds that includes:
	* Sources of all project funding in addition to NPAP
	* A description and history of the organizations including significant developments in operations and financial condition
	* Current number of employees
	* Detailed description of project: attach a diagram/survey and pictures of the property or building involved with the project
	* Expected return on investment in terms of community benefit, long term sustainability of organization and/or program, job retention and creation, etc.
	* Benefits to the City of Jamestown
2. A description of the negative economic and/or health impacts from COVID-19 on your organization
3. Profit and Loss Statement from 2020 and 2021
4. Balance Sheet from 2020 and 2021
5. Projected 3-year Profit and Loss Statements
6. Commitment letters from all finance institutions involved with project
7. Invoices detailing any monies expended to date on project for which application is made.
8. Project Narrative – Describe the negative impact your organization has experienced due to the COVID-19 pandemic and/or the additional costs incurred or will be incurred in response to COVID-19. Include a description of the public benefit that your organization provides to the City of Jamestown
9. 1. Briefly describe your organization and its mission.

2. Summarize your program/project by providing a brief description.

3. How is the program or service beneficial to the City residents?

a) How does it complement and collaborate with existing efforts?

b) Describe how the program/project will help to respond to the public health emergency with respect to COVID-19 or its negative economic impacts.

c) Describe whether or not funds will be used for preventative measures or mitigation against COVID-19.

d) How was the local need for this program/project determined? e) Is there a fee associated with service?

4. Describe your organizational capacity to successfully carry out the proposed activities (i.e., past performance and history of the organization will be considered to assess the agency's prospects for achieving its goals and objectives).

5. If the program is not fully funded, how will the program continue?

**SECTION III – CRITERIA FOR PROJECT SELECTION**

All applications will be reviewed and scored by the Evaluation Committee of three (3) DOD staff. A matrix has been developed by which all applications will be evaluated with the following criteria applied:

Ratings of Highly Advantageous, Advantageous, or Not Advantageous will be given for each of the following criteria:

* Severity of COVID-19 Impact on Organization
* Strength of Plan for Use of ARPA Funds
* Experience and Stability of Organization
* Equity
* Collaboration
* Impact
* Leverage
* Sustainability
* Workforce/Job Creation
* Impact to Revenue
* Innovation
* Resiliency
* Community Benefit

**SECTION IV – CRITERIA & TRACKING OF OUTCOMES FOR LOAN FORGIVENESS**

* **Output Measures**- How many individuals served, jobs created or retained, revenue increased, etc. (Quantitative)
* **Outcome Measures**- How have organizations utilized funds and what impacts have funds made on organization operations, growth, sustainability, and community (Qualitative)
* **Serving Disproportionally Impacted Communities**- Does the organization and/or program serve disproportionally impacted communities? How and how is that measured?
* **Program Specific Performance Indicators**- Additional criteria and data based on specific program and as required by oversight body.
* **ARPA Funding Expenditure Category(ies)**- What expenditure category or categories (US Treasury allowable use classification) are being allocated to project and program activities?

## Non-Profit Assistance Program

**APPLICATION**

Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Mailing Address: Address of Project:

Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NON-PROFIT ASSISTANCE PROGRAM PROJECT SUMMARY**

Please describe the proposed improvements, that will assist in post-pandemic recovery for your organization (Ex. Lost Revenue, Expenses related to implementing safer operating procedures, Expenses due to closure, Expenses to mitigate financial hardship)

IMPACT ON COMMUNITY SERVED:

Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXPENSES/FINANCIAL HARDSHIP:

Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ESTIMATED COST: \_\_\_\_\_\_\_\_\_\_\_\_ Amount Requested:\_\_\_\_\_\_\_\_\_

OPERATING NEEDS: (Services, retain employees, etc) Amount Requested:\_\_\_\_\_\_\_\_\_\_

Description of expenses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER CAPITAL NEEDS: (Programs, assistance, etc) Amount Requested:\_\_\_\_\_\_\_\_\_\_

Description of expenses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEASURABLES FOR LOAN FORGIVENESS:**

**EMPLOYMENT:**

How many full-time employees currently? \_\_\_\_\_\_\_\_\_ Part time? \_\_\_\_\_\_\_\_\_

How will project help to sustain current employment levels? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many new jobs will be created by project? Full-time \_\_\_\_\_\_\_\_\_ Part-time \_\_\_\_\_\_\_

**OPERATIONS:**

ATTACH SCHEDULE A - Plan for utilizing the NPAP funds that includes:

* + - * Sources and uses of all project funding in addition to NPAP
			* A description and history of the organization including significant developments in operations and financial condition
			* Current number of employees
			* Detailed description of project: attach a diagram/survey and pictures of the property or building involved with the project
			* Expected return on investment in terms of production, sales, earnings, job creation, etc.
			* Benefits to the City of Jamestown Community

ATTACH SCHEDULE B - Description of the negative economic and/or health impacts

 from COVID-19 on your organization

ATTACH SCHEDULE C - Profit and Loss Statement from 2020 and 2021

ATTACH SCHEDULE D - Balance Sheet from 2020 and 2021

ATTACH SCHEDULE E - Projected 3-year Profit and Loss Statements

ATTACH SCHEDULE F - Commitment letters from all finance institutions involved with

 Project

ATTACH SCHEDULE G - Invoices detailing any monies expended to date on project for

 which application is made.

ATTACH SCHEDULE H - Detail how organization will redirect monies that would have

 been spent on these capital improvements back in to their

operations creating opportunities for organization expansion,

increased production, efficiencies, and revenues.

**CERTIFICATION**

I hereby certify that all statements made on this application are true and correct to the best of my knowledge. I understand that any willful false statement or withholding of material fact will be grounds for automatic disqualification.

**Name of Grant Applicant (Printed)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Grant Applicant (Required)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE RETURN TO:**

Timothy Odell, Grants Manager

Department of Development

4th Floor, Municipal Building

Jamestown, New York 14701

Phone: (716) 483-7654 Fax: (716) 483-7772

odell@jamestownny.gov