

Organization Name: Just the name of the organization

Organization Address: If an organization has multiple addresses, choose the address for the Topeka location.

Primary Phone and Primary Email: This needs to be for the **primary** contact person.


Primary Contact: This is the name of the individual who is applying for the grant. This is the person that we can call if there are any additional questions.

FEIN (Federal Employer Identification Number) or EIN:

Also known as EIN or Employee Identification Number is the federal identification number. It can be seen on line b on your individual W-2 forms. This 9 digit number will be in xx-xxxxxxx form.

All organizations who have employees have this number. Nonprofits, charities, all are required to have a FEIN (or an EIN).

How long as your organization been in Topeka? Straight forward question.



ARPA Funds Grant Application

My progress: 0%

Section I Organization Information

Organization Name **Required**

Organization Address **Required**

Primary Phone **Required**

Primary Email **Required**

Primary Contact **Required**

FEIN (Federal Employer Identification Number) **Required**

How long has your organization been in Topeka? **Required**

Industry Name **Required**

per North American Industry Classification System, see [Industries at a Glance: NAICS Code Index \(bls.gov\)](#).

What is your organization's mission statement? **Required**

Maximum 500 characters (500 remaining)

Industry Name: Click link (industries at a glance NAICS Code Index (bls.gov)). Choose the industry that best fits your organization. Please know you do not click the industry link. Please type the name of the industry your organization best fits under. (You do not need to include the NAICS and the 3 digit number).

What is your organization’s mission statement?

In 500 characters or less, please describe your organization’s mission statement. Who are you? What do you do? What are your organization’s goals?

(this picture is a full view of the NAICS Industries list)

- Industries by Supersector and NAICS Code
- This list of industries included in [Industries at a Glance](#) is arranged in North American Industry Classification System (NAICS) code order. Each industry sector and subsector is placed into the appropriate group: [Goods-Producing Industries](#) or [Service-Providing Industries](#).
- These industries are also arranged in alphabetical order.
- [Goods-Producing Industries](#)
- [Natural Resources and Mining](#)
 - [Agriculture, Forestry, Fishing and Hunting](#) (NAICS 11)
 - [Crop Production](#) (NAICS 111)
 - [Animal Production](#) (NAICS 112)
 - [Forestry and Logging](#) (NAICS 113)
 - [Fishing, Hunting and Trapping](#) (NAICS 114)
 - [Support Activities for Agriculture and Forestry](#) (NAICS 115)
 - [Mining, Quarrying, and Oil and Gas Extraction](#) (NAICS 21)
 - [Oil and Gas Extraction](#) (NAICS 211)
 - [Mining \(except Oil and Gas\)](#) (NAICS 212)
 - [Support Activities for Mining](#) (NAICS 213)
 - [Construction](#)
 - [Construction](#) (NAICS 23)
 - [Construction of Buildings](#) (NAICS 230)
 - [Heavy and Civil Engineering Construction](#) (NAICS 237)
 - [Specialty Trade Contractors](#) (NAICS 238)
 - [Manufacturing](#)
 - [Manufacturing](#) (NAICS 31-33)
 - [Food Manufacturing](#) (NAICS 311)
 - [Beverage and Tobacco Product Manufacturing](#) (NAICS 312)
 - [Textile Mills](#) (NAICS 313)
 - [Textile Product Mills](#) (NAICS 314)
 - [Apparel Manufacturing](#) (NAICS 315)
 - [Leather and Allied Product Manufacturing](#) (NAICS 316)
 - [Wood Product Manufacturing](#) (NAICS 321)
 - [Paper Manufacturing](#) (NAICS 322)
 - [Printing and Related Support Activities](#) (NAICS 323)
 - [Petroleum and Coal Products Manufacturing](#) (NAICS 324)
 - [Chemical Manufacturing](#) (NAICS 325)
 - [Plastics and Rubber Products Manufacturing](#) (NAICS 326)
 - [Nonmetallic Mineral Products Manufacturing](#) (NAICS 327)
 - [Primary Metal Manufacturing](#) (NAICS 331)
 - [Fabricated Metal Product Manufacturing](#) (NAICS 332)
 - [Machinery Manufacturing](#) (NAICS 333)
 - [Computer and Electronic Product Manufacturing](#) (NAICS 334)
 - [Electrical Equipment, Appliance, and Component Manufacturing](#) (NAICS 335)
 - [Transportation Equipment Manufacturing](#) (NAICS 336)
 - [Furniture and Related Product Manufacturing](#) (NAICS 337)
 - [Miscellaneous Manufacturing](#) (NAICS 339)
- [Service-Providing Industries](#)
- [Trade, Transportation, and Utilities](#)
 - [Wholesale Trade](#) (NAICS 42)
 - [Merchant Wholesalers - Durable Goods](#) (NAICS 423)
 - [Merchant Wholesalers - Nondurable Goods](#) (NAICS 424)
 - [Wholesale Electronic Markets and Agents and Brokers](#) (NAICS 425)
 - [Retail Trade](#) (NAICS 44-45)
 - [Motor Vehicle and Parts Dealers](#) (NAICS 441)
 - [Furniture and Home Furnishings Stores](#) (NAICS 442)
 - [Electronics and Appliance Stores](#) (NAICS 443)
 - [Building Material and Garden Equipment and Supplies Dealers](#) (NAICS 444)
 - [Food and Beverage Stores](#) (NAICS 445)
 - [Health and Personal Care Stores](#) (NAICS 446)
 - [Gasoline Stations](#) (NAICS 447)
 - [Clothing and Clothing Accessories Stores](#) (NAICS 448)
 - [Sporting Goods, Hobby, Book, and Music Stores](#) (NAICS 451)
 - [General Merchandise Stores](#) (NAICS 452)
 - [Miscellaneous Store Retailers](#) (NAICS 453)
 - [Nonstore Retailers](#) (NAICS 454)
 - [Transportation and Warehousing](#) (NAICS 48-49)
 - [Air Transportation](#) (NAICS 481)
 - [Rail Transportation](#) (NAICS 482)
 - [Water Transportation](#) (NAICS 483)
 - [Truck Transportation](#) (NAICS 484)
 - [Transit and Ground Passenger Transportation](#) (NAICS 485)
 - [Pipeline Transportation](#) (NAICS 486)
 - [Scenic and Sightseeing Transportation](#) (NAICS 487)
 - [Support Activities for Transportation](#) (NAICS 488)
 - [Postal Service](#) (NAICS 491)
 - [Couriers and Messengers](#) (NAICS 492)
 - [Warehousing and Storage](#) (NAICS 493)
 - [Utilities](#) (NAICS 22)
 - [Information](#)
 - [Information](#) (NAICS 51)
 - [Publishing Industries \(except Internet\)](#) (NAICS 511)
 - [Motion Picture and Sound Recording Industries](#) (NAICS 512)
 - [Broadcasting \(except Internet\)](#) (NAICS 515)
 - [Internet Publishing and Broadcasting](#) (NAICS 516)
 - [Telecommunications](#) (NAICS 517)
 - [Data Processing, Hosting, and Related Services](#) (NAICS 518)
 - [Other Information Services](#) (NAICS 519)
 - [Financial Activities](#)
 - [Finance and Insurance](#) (NAICS 52)
 - [Monetary Authorities - Central Bank](#) (NAICS 521)
 - [Credit Intermediation and Related Activities](#) (NAICS 522)
 - [Securities, Commodity Contracts, and Other Financial Investments and Related Activities](#) (NAICS 523)
 - [Insurance Carriers and Related Activities](#) (NAICS 524)
 - [Funds, Trusts, and Other Financial Vehicles](#) (NAICS 525)
 - [Real Estate and Rental and Leasing](#) (NAICS 53)
 - [Real Estate](#) (NAICS 531)
 - [Rental and Leasing Services](#) (NAICS 532)
 - [Lessors of Nonfinancial Intangible Assets \(except Copyrighted Works\)](#) (NAICS 533)
 - [Professional and Business Services](#)
 - [Professional, Scientific, and Technical Services](#) (NAICS 54)
 - [Management of Companies and Enterprises](#) (NAICS 55)
 - [Administrative and Support Services](#) (NAICS 561)
 - [Waste Management and Remediation Services](#) (NAICS 562)
 - [Education and Health Services](#)
 - [Educational Services](#) (NAICS 61)
 - [Health Care and Social Assistance](#) (NAICS 62)
 - [Ambulatory Health Care Services](#) (NAICS 621)
 - [Hospitals](#) (NAICS 622)
 - [Nursing and Residential Care Facilities](#) (NAICS 623)
 - [Social Assistance](#) (NAICS 624)
 - [Leisure and Hospitality](#)
 - [Arts, Entertainment, and Recreation](#) (NAICS 71)
 - [Performing Arts, Spectator Sports, and Related Industries](#) (NAICS 711)
 - [Museums, Historical Sites, and Similar Institutions](#) (NAICS 712)
 - [Amusement, Gambling, and Recreation Industries](#) (NAICS 713)
 - [Accommodation and Food Services](#) (NAICS 72)
 - [Accommodation](#) (NAICS 721)
 - [Food Services and Drinking Places](#) (NAICS 722)
 - [Other Services \(except Public Administration\)](#)
 - [Other Services \(except Public Administration\)](#) (NAICS 81)
 - [Repair and Maintenance](#) (NAICS 811)
 - [Personal and Laundry Services](#) (NAICS 812)
 - [Religious, Grantmaking, Civic, Professional, and Similar Organizations](#) (NAICS 813)
 - [Private Households](#) (NAICS 814)

Does your organization assist any of the following?

Check the box for **IF** your organization works to help any of the following.

This question is simply to get additional information. This question is optional. DO NOT click other if your organization does not assist in any of the following. You will be able to proceed without clicking any of the boxes for this question.

Does your organization assist any of the following?

- ☐ Rental Assistance
- ☐ Unsheltered Homeless
- ☐ Transitory Populations
- ☐ Sheltered Homeless
- ☐ Other

Section II Organization Status

Entity Status (As of Application Date):

Please select the status of your organization. If your organization is not yet open, a drop down menu option will appear. It will require you to put your anticipated date of reopening. If you do not know your anticipated date of reopening, make an educated guess of when you will reopen.

Are you experiencing staffing shortages?

Staffing shortages are pretty common in today's world. Please specify if you are having staffing shortages. If you select yes, a drop down question will ask you to describe the extent of the staffing shortages.

ARPA Funds Grant Application



My progress: 9%

Section II Organization Status

Entity Status (As of Application Date) **Required**

- ☐ Fully Open
- ☐ Partially Open
- ☐ Open but Reduced Hours
- ☐ Not yet re-open

Section II Organization Status

Entity Status (As of Application Date) **Required**

- ☐ Fully Open
- ☐ Partially Open
- ☐ Open but Reduced Hours
- ☒ Not yet re-open

Date of anticipated reopening **Required**

Are you experiencing staffing shortages? **Required**

- ☐ Yes
- ☒ No

Are you experiencing staffing shortages? **Required**

- ☒ Yes
- ☐ No

Please describe extent of staffing shortages **Required**

Is this organization a nonprofit?

Specify if your organization is a nonprofit.

Is this organization a nonprofit? **Required**

- ☒ Yes
☐ No

Has this organization received any of the following?

Please specify if your organization has received any COVID-related aid in the past. This will **NOT** hinder your chances of receiving grant funds.

Has this organization received any of the following?

- ☐ Kansas SPARK/BASE Grants
☐ Paycheck Protection Program
☐ Shuttered Venue Operations Grant
☐ Restaurant Revitalization Fund
☐ COVID-19 Economic Injury Disaster Plan Funds
☐ Any other COVID-19 related relief from the federal government, State of Kansas, or Shawnee County

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If your organization have received COVID relief, a drop down menu will ask for the amount of relief that your organization has received.

Has this organization received any of the following?

- ☒ Kansas SPARK/BASE Grants
☐ Paycheck Protection Program
☐ Shuttered Venue Operations Grant
☐ Restaurant Revitalization Fund
☐ COVID-19 Economic Injury Disaster Plan Funds
☐ Any other COVID-19 related relief from the federal government, State of Kansas, or Shawnee County

Please Specify the amount recieved from Kansas SPARK/BASE Grants **Required**

If your organization received relief from multiple sources, select all the applicable relief sources. Additional drop down menus will ask for the amount of relief that you received from each different source.

Has this organization received any of the following?

- ☒ Kansas SPARK/BASE Grants
☒ Paycheck Protection Program
☐ Shuttered Venue Operations Grant
☐ Restaurant Revitalization Fund
☐ COVID-19 Economic Injury Disaster Plan Funds
☒ Any other COVID-19 related relief from the federal government, State of Kansas, or Shawnee County

Please Specify the amount recieved from Kansas SPARK/BASE Grants **Required**

Please Specify the amount recieved from Paycheck Protection Program **Required**

Please Specify the amount recieved from any other COVID-19 related relief **Required**

Section III Summaries

ARPA Grant Amount Requested:

Enter the dollar amount of funding you are requesting.

Name the program for which you are applying for:

Enter the name of the program that the funding for this grant will be used for. If you do not have a name, create one. **What is the name of this project/program?**

Please describe your organization, its programs and how this program fits in:

In 3,000 characters, describe what your organization does. Describe how the project/program your organization is seeking funding for fits in with your organization.

Please describe how receiving these funds will provide long-term benefits for the citizens of the community, and how the program will be sustained after the grant has been awarded:

In 3,000 characters, this question is asking about the sustainability of this program/project.

ARPA Funds Grant Application



My progress: 18%

Section III Summaries

ARPA Grant Amount Requested **Required**

Name the program for which you are applying **Required**

Please describe your organization, its programs and how this program fits in **Required**

Maximum 3000 characters (3000 remaining)

Please describe how receiving these funds will provide long-term benefits for the citizens of the community, and how the program will be sustained after the grant has been awarded **Required**

Maximum 3000 characters (3000 remaining)

How has the pandemic impacted the effectiveness of your organization?

3,000 characters to describe how the pandemic impacted your organization.

Please describe how you see the future of your organization and its program post-pandemic:

3,000 characters to describe the future of your organization and the project/program you are seeking funding for.

How has the pandemic impacted the effectiveness of your organization? **Required**

Maximum 3000 characters (3000 remaining)

Please describe how you see the future of your organization and its program post-pandemic **Required**

Maximum 3000 characters (3000 remaining)

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Section IV General Data

Provide a detailed explanation of the proposed program:

3,000 characters to explain the project/program your organization is seeking funding for.

Describe what other funding is available and what you have secured, or expect to secure for this project:

3,000 characters to explain other grants/sources of funding that is available to your organization, and what funding (if any) have you received, hope to receive, or expect to receive.

Describe the community need that this proposal addresses and how it is relative to what you are trying to accomplish:

Section IV General Data

Provide a detailed explanation of the proposed program **Required**

Maximum 3000 characters (3000 remaining)

Describe what other funding is available and what you have secured, or expect to secure for this project **Required**

Maximum 3000 characters (3000 remaining)

Describe the community need that this proposal addresses and how it is relative to what you are trying to accomplish **Required**

Maximum 5000 characters (5000 remaining)

5,000 characters to explain the need the community has for the project/program you are seeking funding for and how it relates to what your organization is trying to accomplish/goals.

Discuss whether this service is duplicated by another agency, and if so, address why this duplication is justified based on community need:

3,000 characters to explain if the project/program your organization is seeking funding for is already being done by another organization. If your project/program is already being done by another, provide justification for your organization to receive funding for this program/project.

What donated goods and or volunteer services to you receive that add value to this program?

3,000 characters to explain any other donations of goods/services and the role that those donations have on the program/project you are seeking funding for.

Section V Required Documents

Your organization is required to submit a Certificate of Good Standing from the Kansas Secretary of State. See [Kansas Secretary of State | Certificates of Good Standing \(ks.gov\)](#)

Discuss whether this service is duplicated by another agency, and if so, address why this duplication is justified based on community need **Required**

Maximum 3000 characters (3000 remaining)

What donated goods and or volunteer services do you receive that add value to this program? **Required**

Maximum 3000 characters (3000 remaining)

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My progress: 36%

Section V Required Documents

Kansas Secretary of State Certificate of Good Standing **Required**

Select file

Drop a file to upload it

Max file size: 50 MB

Max number of files: 20 files

*Additional information may be required at a later date

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Section VI Beneficiary Information

Age Group:

This question seeks to know the ages of the individuals that your project/program serves. Please make sure that individuals are not counted more than once.

If there is an age group your program/project will not serve, make sure to put “0” instead of leaving the question blank

Section VI Beneficiary Information - Age Group

Unduplicated Count of Individuals

Projected age of 0-5 years Required

Projected age of 6-12 years Required

Projected age of 13-18 years Required

Projected age of 19-35 years Required

Projected age of 36-59 years Required

Projected age of 60 years and over Required

Total Individuals

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Gender:

This question seeks to know the gender of the individuals that your project/program serves. Please make sure that individuals are not counted more than once.

If there is an age group your program/project will not serve, make sure to put “0” instead of leaving the question blank

My progress: 55%

Section V Beneficiary Information - Gender

Unduplicated Count of Individuals

Men Required

Women Required

Transgender Required

Total Individuals

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Income Level:

These questions seek to know the approximate annual income level of the people who would be served by the program/project you are seeking funding for.

Based on the family size of the people your program would benefit, figure out what income level they fit in.

If you are unsure, then categorize the individuals in the “Income Unknown” box.

Individuals who make more than the listed levels based on their family size can be categorized in the “Other” box.

Please make sure that individuals are not counted more than once.

**Section V Beneficiary Information -
Income Level**

Unduplicated Count of Individuals

At or below 30% Required

- 1 Person in family - \$17,400 or less
- 2 People in family - \$19,850 or less
- 3 People in family - \$23,030 or less
- 4 People in family - \$27,750 or less
- 5 People in family - \$32,470 or less
- 6 People in family - \$37,190 or less
- 7 People in family - \$41,910 or less
- 8+ People in family - \$46,630 or less

At or below 50% Required

- Does not qualify for "At or below 30%"
- 1 Person in family - \$28,950 or less
 - 2 People in family - \$33,100 or less
 - 3 People in family - \$37,250 or less
 - 4 People in family - \$41,350 or less
 - 5 People in family - \$44,700 or less
 - 6 People in family - \$48,000 or less
 - 7 People in family - \$51,300 or less
 - 8+ People in family - \$54,600 or less

At or below 80% Required

- Does not qualify for "At or below 50%"
- 1 Person in family - \$46,350 or less
 - 2 People in family - \$52,950 or less
 - 3 People in family - \$59,550 or less
 - 4 People in family - \$66,150 or less
 - 5 People in family - \$71,450 or less
 - 6 People in family - \$76,750 or less
 - 7 People in family - \$82,050 or less
 - 8+ People in family - \$87,350 or less

Other Required

Income Unknown Required

Total Individuals

Racial/Ethnic Composition:

Using percentages, please include the races/ethnicities of the individuals your organization's program/project benefits.

If you are unsure, take your best REASONABLE estimate.

Please make sure that individuals are not counted more than once.

Section VII Declaration of organization Owner (Applicant)

The Organization Owner/Applicant must certify that:

- The organization has a facility within Topeka City limits, and is up to date on all taxes
- Does not have any legal actions at or from the City (including any code enforcement liens)
- Agrees not to create any cause of action by/on behalf of the Applicant against the City, officers, elected officials, employees or agents.
- Is not affiliated with another organization that has applied for another ARPA grant.
- There are no potential conflicts of interest that impact receiving this award.

Section V | Beneficiary Information -

Racial/Ethnic Composition

Unduplicated Count of Individuals

Percent of White (non-Hispanic) **Required**

Percentage

Percent of Black/African American **Required**

Percentage

Percent of Hispanic **Required**

Percentage

Percent of Asian **Required**

Percentage

Percent of American Indian/Alaskan Native **Required**

Percentage

Percent of Asian & White **Required**

Percentage

Percent of Black/African American & White **Required**

Percentage

Percent of American Indian/ Alaskan Native & Black/African American **Required**

Percentage

Percent of Asian/Pacific Islander **Required**

Percentage

Percent of Other Multiracial **Required**

Percentage

Total Percent of Individuals

0

ARPA Funds Grant Application



My progress: 82%

Section VII Declaration of organization owner (Applicant)

I certify that the organization identified in this application

- ☐ Is within the incorporated City limits of Topeka and is up-to-date in all payment of all state and local taxes which may be due **Required**
- ☐ Is not party to legal actions against or from the city, including code enforcement liens **Required**
- ☐ Agrees not to create any cause of action by or on behalf of the Applicant against the City of Topeka, its officers, elected officials, employees, or agents **Required**
- ☐ Is not affiliated with another organization under common ownership/management that has applied for grant cycle **Required**
- ☐ There are no potential conflicts of interest that impact receiving this award **Required**

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Section VIII

Applicant Signature

Applicant must certify the document is true, applicant will submit the Kansas Secretary of State Certificate of Good Standing, and that the applicant understands they may be asked to submit additional documents to the City, as the US Treasury has set forth.

Include title, signature, and name of signatory.

ARPA Funds Grant Application



My progress: 91%

Section VIII Applicant Signature

I certify that all the statements made in this application are true and complete to the best of my knowledge. I understand that I need to submit copies of all the above mentioned documents in order for my application to be considered. I understand that if I receive this grant I may be asked to for additional documentation according to rules that the US Treasury has set forth.

Title

Your Signature **Required**



Draw signature below



Upload photo of signature



Name of signatory:

Please complete the following:



I'm not a robot



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Submit