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

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

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)
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.

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.
Is this organization a nonprofit?
Specify if your organization is a nonprofit.

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.

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

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.
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.
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.

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:
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)
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.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Projected age of 0-5</td>
<td></td>
</tr>
<tr>
<td>Projected age of 6-12</td>
<td></td>
</tr>
<tr>
<td>Projected age of 13-18</td>
<td></td>
</tr>
<tr>
<td>Projected age of 19-35</td>
<td></td>
</tr>
<tr>
<td>Projected age of 36-59</td>
<td></td>
</tr>
<tr>
<td>Projected age of 60 and over</td>
<td></td>
</tr>
</tbody>
</table>

Total Individuals: 0

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.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td></td>
</tr>
<tr>
<td>Transgender</td>
<td></td>
</tr>
</tbody>
</table>

Total Individuals: 0
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.
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 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.