NONPROFIT GRANT OPPORTUNITY

AMERICAN RESCUE PLAN ACT
Applications Due: October 28, 2022
City of Concord
Nonprofit Grant Application
Submission Instructions

Instructions for Submitting Online Nonprofit Grant Applications

1. Navigate to City Data Services at: www.citydataservices.net
2. In the upper right corner, enter the following User ID and password:
   - Generic User ID: CON2023
   - Generic Password: CON2023
3. Complete the displayed fields to create an organizational account.
4. Create only one user name and password for each organization.
5. Answer all questions and submit attachments (e.g. verification of nonprofit status)

Applications will only be accepted via the online portal. Other submission types such as mail, email, dropping off at front counter, will not be accepted.

*Applications are due by 5 p.m., October 28, 2022*
This grant opportunity is available to all Concord-based nonprofits; including organizations with a focus on housing and/or homelessness, and other non-housing organizations such as those oriented toward youth, arts and culture, history, etc.

Process, Timeline, Guidelines and Eligibility
The City of Concord will distribute $7 million of American Rescue Plan Act funding to nonprofit organizations. Successful organizations will be grouped into two award categories: housing and non-housing (e.g. arts, youth, and culture). Requesting organizations must adhere to these guidelines and meet all eligibility criteria to be considered for funding.

Applications are due at 5 p.m. on October 28, 2022; late submissions will not be accepted.

Applications must be submitted online here; email questions to: justin.ezell@cityofconcord.org

Process:
The American Rescue Plan Act funds will be distributed using the following process:

1. City staff will review submissions to ensure completeness and applicant eligibility;
2. The City’s ARPA Ad Hoc Committee will review complete and eligible submissions and rank them using Council-adopted criteria;
3. The ARPA Ad Hoc Committee will forward funding recommendations to the City Council for consideration and award;
4. City staff will work with organizations to advance 80% of awarded funds and complete any required documentation (e.g. verification of nonprofit status, audit of awarded funds); 20% of remaining award will be released upon verification of fund usage.

Timeline:

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<tr>
<th>Event</th>
<th>Date</th>
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<tbody>
<tr>
<td>Submission window opens</td>
<td>September 30, 2022</td>
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<tr>
<td>Deadline for submission (5 p.m.)</td>
<td>October 28, 2022</td>
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<tr>
<td>ARPA Ad Hoc completes review</td>
<td>November 18, 2022</td>
</tr>
<tr>
<td>City Council considers recommendations and awards funding</td>
<td>December 6, 2022</td>
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Guidelines and Eligibility:

- Funding requests must be a minimum of $50,000 and a maximum of $2,000,000.
- Organizations must be organized and operated exclusively for tax-exempt purposes as set forth in Internal Revenue Code.
- Applicants may only submit one application per program; organizations with multiple submissions for the same program will not be considered.
- Only projects and programs that benefit Concord’s residents will be considered.
- Nonprofit child care providers must possess any required state licensing.
- All questions must be answered; incomplete applications will not be considered.
- Applications must be submitted online; no other submission type will be accepted.
Organization Information

Organization Name: ____________________________

Street Address: ________________________________

City: ___________________ State: ____________ Zip Code: ____________

Primary Contact: ____________________________ Title: ____________

Contact Phone: ____________________________ Contact Email: ____________________________

Are you a nonprofit child care provider possessing the required State license? Yes ☐ No ☐

Are you a legally registered nonprofit? Yes ☐ No ☐

Project / Program Information

Name of Project/Program: __________________________

Do you consider this a housing or non-housing project/program: Housing ☐ Non-housing ☐

Amount requested: ____________________________ What is the minimum amount needed: ____________________________

Estimated number of Concord residents your project/program will serve: ____________________________

Estimated number of all persons your project/program will serve: ____________________________

Provide a brief description of the project or program you are proposing:

Community Benefits

Describe the specific population your project/program will benefit (e.g., low-income families living in the Monument, chronic homeless, seniors aged 55 and older, pregnant mothers, delivering arts and culture to the broad Concord community, etc.):

Describe the community need, problem, or issue being addressed by your project/program:

Describe how your project/program will address, help, or solve this need or issue; and describe how your project aligns with the City’s Mission “to make Concord a City of the highest quality”: 
Goals and Objectives
Describe the anticipated measurable outcomes of your project/program:

Describe your process for tracking and gathering outcome data for reporting purposes:

Partnerships and Funding
Describe the partnerships (if any) and the role each partner will play in your project/program:

Provide a budget with the one-time and reoccurring, annual costs of your project/program. Also, describe how the program will work if you do not receive the full amount requested:

Explain if your project/program is a one-time event; if not, how will it remain sustainable after receipt of the grant funds? Describe expected future revenue and sources of revenue, etc.:
Organizational Capacity

Describe the number of years and at what capacity the organization been providing services or programs to Concord residents or businesses:

Describe the organization’s experience and capacity to manage, implement, measure, and report on your project/program:

Submitter Information

Provide the name of the person submitting this application: ____________________________

Provide the title of the person submitting this application: ____________________________

Submitter Phone: ____________________________  Submitter Email: ____________________________