



AMERICAN RESCUE PLAN ACT (ARPA)
CORONAVIRUS STATE & LOCAL FISCAL RECOVERY FUNDS
REQUEST FOR IDEAS (RFI)
FORM SAMPLE

Date of Opening: February 14, 2022 at 8 a.m. EST

Idea Submission Deadline: March 13, 2022 at 11:59 p.m. EST

Updates to the RFI form have been made in ORANGE.

Update on 3/4/2022: Organizations may submit multiple projects as the lead agent. Please submit ONE form per project.



Guilford County requests collaborative ideas/proposals for projects to assist the community with both near-term and long-term growth and recovery and response to COVID-19 and its negative economic impacts. A collaborative proposal may be defined as one that involves a partnership which includes the County and/or other community stakeholders such as non-profit service providers, private industry, foundations, educational institutions, or other county municipalities. All proposed ARPA projects must complete this form as part of the process to receive ARPA funding.

The U.S. Department of Treasury has issued guidance on how ARPA funds can be spent, recipients' compliance and reporting responsibilities, and other instruction on management of these funds. To be eligible for a Guilford County ARPA award, idea proposals must clearly demonstrate eligibility under ARPA guidelines. Please refer to the below resources to review this guidance.

- [ARPA Final Rule](#)
- [Compliance and Reporting Guidance](#)
- [Overview of the Final Rule](#)

The form will not automatically save responses. If you plan to start, leave and come back to the form, please save your responses in this document for your record as you complete.

Required documents for submission are colored in blue in the form below.



BASIC ORGANIZATION INFORMATION

1. What type of entity is the submitter?
 - Non-profit or tax-exempt organization
 - Municipality
2. Name of Entity:
3. Please provide a brief description of your organization including your mission, vision, and/or strategic plan (max. 1,000 characters).
4. Federal Tax ID Number:
5. [Upload W-9 Form](#)
6. Is the organization registered in SAM.gov (System for Award Management)? For more information, visit <http://www.sam.gov/>
 - Yes
 - If yes, please provide your Unique Entity Identifier/DUNs Number:
 - No
 - If no, in the proceeding fiscal year, did the organization receive 80% or more of its annual gross revenue from federal funds?
 - Yes
 - No
 - If no, In the preceding fiscal year, did the recipient receive \$25 million or more of its annual gross revenue from federal funds?
 - Yes
 - If yes to this question and the previous, is the “total compensation for the organization’s five highest paid officers publicly listed or otherwise listed in SAM.gov?”
 - Yes
 - No
 - No
7. Name of Executive Director (or equivalent):
8. Mailing Address:
 - Address Line 1:
 - Address Line 2:
 - City:
 - State:
 - Zip Code:
9. Is the Physical Address different than the Mailing Address?
 - Yes
 - If yes, Address Line 1:
 - Address Line 2:
 - City
 - State:
 - Zip Code
 - No
10. Contact Person Name:
11. Contact Person Title:
12. Contact Person E-Mail:
13. Contact Person Phone Number:



SUPPORTING DOCUMENTATION (For non-profits and tax-exempt organizations **ONLY**)

1. Supporting documentation of non-profit status (*i.e.*, 501(c)3 tax exempt status, IRS 990, etc.).
2. Proof of registration with the Secretary of State.
3. Documentation indicating Board has approved this form for funding (*i.e.* formal letter or meeting minutes.)
4. Documentation of an annual certified audit prepared by a certified account or accounting service covering the last reporting period of operation. If a full audit is not available, include the most recent independent financial review. If an independent financial review is not available, please submit an IRS Form 990.
5. Current roster of all Board members with terms specified.

PROJECT/PROPOSAL INFORMATION

1. Name of Project:
2. Brief Project Description. Please include a description of the population served, desired, impacted, and how this impact will be measured (**max. 5,000 characters**).
3. Does the project address a harm caused or exacerbated by COVID-19?
 - Yes
 - No
4. Total Amount of Funds Requested (whole numbers only):
5. Funding Term:
 - Near-Term: ready to execute upon receipt of funds; funds must be expended by Dec. 31, 2023.
 - Long-Term: funds must be expended by Dec. 31, 2026.
6. Which type(s) of expenditures will this request address (Check all that apply.)?
 - Operating (personnel, supplies, etc.)
 - Capital (facility, vehicle, etc.)
 - Programming (training, marketing, etc.)
 - Other (Please specify.):
7. Federal Funding Expenditure Category (See pg. 35 of the [Compliance and Reporting Guide](#)): (**Note: The Department of the Treasury updated the Expenditure Categories in the Compliance and Reporting Guide. We have not included the new EC's in the form. Please use Previous ECs.**)
 - If expenditure category 1.1-1.12, 2.1-2.14, or 3.1-3.16, does this project include a capital expenditure?
 - Yes
 - If yes, what is the total expected cost of the capital expenditure, including pre-development costs?
 - No
 - If expenditure category 1.9, indicate the number of government full-time employees or equivalents responding to COVID-19 that will be supported under this project:
 - If expenditure category 2.1-2.5, provide the following:
 - Brief description of structure and objectives of assistance program(s) (**max. 2,000 characters**):
 - Number of households to be served:
 - Brief description of the organization's approach to ensuring that aid to households responds to a negative economic impact of COVID-19 (**max. 2,000 characters**):
 - If expenditure category 2.7, provide the following:
 - Number of works to be enrolled in job training programs:
 - Number of people to participate in summer youth employment programs, if applicable:
 - If expenditure category 2.9, provide the following:



- Brief description of structure and objectives of assistance program(s) (max. 2,000 characters):
- Number of small businesses to be served:
- Brief description of the organization's approach to ensuring that aid to small businesses responds to a negative economic impact of COVID-19 (max. 2,000 characters)
- If expenditure category 2.11-2.12, will assistance be provided to an industry other than travel, tourism, or hospitality?
 - Yes
 - If yes, provide a description of pandemic impact on the industry and rationale for providing aid to that industry (max. 2,000 characters).
 - No
- If expenditure category 3.1, provide the number of students to participate in evidence-based tutoring programs.
- If expenditure category 3.6-3.9, please provide the following:
 - Number of children to be served by childcare and early learning (pre-school, pre-K, ages 3-5), if applicable:
 - Number of families to be served by home visiting, if applicable:
- If expenditure category 3.10-3.12, please provide the following:
 - Number of people or households that will receive eviction prevention services (including legal representation):
 - Number of affordable housing units that will be preserved or developed:
- If expenditure category 5.16-5.17, please provide the following:
 - Is the project designed to, upon completion, reliably meet or exceed symmetrical 100 Mbps download and upload speeds?
 - Yes
 - No
 - If no, explain why not (max. 50 words):
 - If no, is the project designed to, upon completion, meet or exceed symmetrical 100 Mbps download speed and between at least 20 Mbps and 100 Mbps upload speed, and be scalable to a minimum of 100 Mbps download speed and 100 Mbps upload speed?
 - Yes
 - No
 - Not applicable
 - If expenditure category 4.1-4.1, please provide the following:
 - Sectors included as essential critical infrastructure:
 - Number of workers to be served:
 - How is the premium pay or grant responsive to workers performing essential work during the public health emergency?

8. If awarded, will this award be the only source of revenue used to support this project, expenditure, or initiative?

 - Yes
 - No
 - If no, please provide a brief explanation regarding the other funding sources, types, and purposes (max. 2,000 characters):

9. If awarded, will you utilize this award as leverage to secure other funding?

 - Yes



- If yes, please provide a brief explanation regarding the funding source(s), type, and purposes (max. 8,000 characters):
 - No
- 10. If non-profit or tax-exempt organization, has your organization received funding from Guilford County within the past three (3) fiscal years?
 - Yes
 - If yes, please list your funding history, related organizational/program objective(s) and resulting outcome(s):
 - No
- 11. Has your organization already received COVID-19 financial support from another source?
 - Yes
 - If yes, indicate the amount:
 - Paycheck Protection Program (PPP) loans:
 - Economic Injury Disaster Loan (EIDL):
 - Shuttered Venue Operators Grant (SVOG):
 - Restaurant Revitalization Fund (RRF):
 - Other (name and amount):
 - No

POPULATION SERVED

1. Will 50 percent or more of clients served by this idea/project/program be at least one of the following: a) 300% of federal poverty line or 65% of area median income, b) unemployed, or c) experiencing food or housing insecurity?
 - Yes
 - If yes, please upload supporting documentation.
 - No
 - Not Applicable
2. Will 50 percent or more of clients served by this idea/project/program be at least one of the following: a) 185% of federal poverty line, b) 40% of area median income, or c) located in a [Qualified Census Tract](#)?
 - Yes
 - If yes, please upload supporting documentation.
 - No

ENGAGEMENT AND INCLUSIVITY

1. How is your organization currently connected to the population you are serving (max. 2,000 characters)?
2. How do you plan to engage the population served by the project (max. 5,000 characters)?
3. Are there particularly historically underserved, marginalized, or adversely affected groups that you intend to serve?
 - Yes
 - If yes, please describe (max. 2,000 characters):
 - No
4. How will you ensure inclusive participation (max. 2,000 characters)?
5. Are intended outcomes focused on closing gaps, reaching universal levels of service, or disaggregating progress by race, ethnicity, and other equity dimensions where relevant for the objective?
 - Yes
 - If yes, please describe (max. 2,000 characters):



- No

ACTIVITIES AND RESULTS

1. What specific short- and long-term results will this project achieve (max. 5,000 characters)?
2. If this will address a harm caused or exacerbated by COVID-19, how do these results help with the economic or public health impacts or COVID-19, or lay the foundation for a strong and equitable recovery (max. 100 words)?
3. What specific actions or activities will you undertake in this project and how will they lead to the expected results (max. 5,000 characters)?
4. What is the ultimate timeline for the project? Be sure to include key milestones and when you expect to achieve them (max. 5,000 characters).

EVALUATION

1. Does the proposed project use any evidence-based curriculums, practices, protocols, or manuals?
 - Yes
 - i. If yes, please list (max. 1,000 characters):
 - No
2. How will you measure progress toward or achievement of results (max. 2,000 characters)?
3. What performance measures do you propose to use to track results (max. 2,000 characters)?
4. How will you collect data for these performance measures (max. 2,000 characters)?

PROJECT PARTNERS

1. Will you be partnering or coordinating with any other organizations or groups?
 - Yes
 - i. If yes, who will you be partnering with (max. 1,000 characters)?
 - ii. If yes, how will you leverage these partnerships to achieve the results above (max. 2,000 characters)?
 - No

ORGANIZATION AND QUALIFICATIONS

1. Describe how the experience and capabilities of your organization give you the qualifications to carry out the proposed project. What relevant projects has your organization successfully completed in the past (max. 2,000 characters)?
2. Describe the qualifications of your organization to manage federal funds, including any previous experience (max. 2,000 characters).

BUDGET

	Year 1	Year 2	Year 3 (long-term only)	Year 3 (long-term only)	Year 4 (long-term only)	Year 5 (long-term only)	Totals



Personnel (Salary and Wages)							
Fringe Benefits							
Travel							
Equipment and Other Capital							
Material & Supplies							
Contractual Service & Subawards							
Consultant (Professional Service)							
Construction							
Occupancy (Rent and Utilities)							
Research & Development (R&D)							
Telecommunications							
Training & Education							
Total Direct Costs							
Total Indirect Costs							
Total Project Budget (=Total Direct + Indirect Costs)							

OTHER SUPPORTING MATERIALS

Select Files (In this field, you can upload multiple-files.)

COMPLIANCE VERIFICATION (for nonprofits and tax-exempt organizations **ONLY**)

1. When did the nonprofit open?
2. Is the nonprofit or submitter in good standing with Guilford County Government?
 - Yes
 - No
3. Does the nonprofit or submitter have any outstanding judgements, tax liens, or pending lawsuits against them?
 - Yes
 - No
4. Is the nonprofit or submitter delinquent on any Federal taxes, direct, or guaranteed Federal loans (SBA, FHA, VA, student, etc.), Federal contracts, or Federal Grants?
 - Yes
 - No
5. Is the nonprofit or submitter currently suspended or debarred from contracting with the Federal government or receiving Federal grants or loans?
 - Yes
 - No
6. Have you (or anyone in your immediate family/household) applied for the Growth & Recovery Funding under any other organization or personal name?
 - Yes



- If yes, under what name?

➤ No

TERMS & CONDITIONS

The submitter(s) certifies that all information in this form, and all information furnished in support of this form, is given for the purpose of obtaining funding from the Guilford County Government under the Coronavirus Local Fiscal Recovery Funds of the American Rescue Plan Act. I acknowledge the funds received through this program will be used exclusively for the purposes outlined in this form. I understand that failure to use the funds as indicated above may result in the entities' disqualification of future assistance or awards through the Guilford County Government. I may be financially responsible to repay any funds used for purposes other than those outlined within this form.

I understand that knowingly and willingly making a false or fraudulent statement to any department or agency of the United States Government, the State of North Carolina, and North Carolina Local Government entities is illegal and punishable under various federal and state statutes.

I certify that the form information provided is true and complete to the best of my/our knowledge.

I acknowledge and understand that the Guilford County Government has provided no warranties or guarantees as to who will be selected as an award recipient. I release from any and all liability and responsibility the Guilford County Government, and all of its departments, employees, officers, and elected officials, from damages and losses caused by my non-selection, and waive all errors and failures occurring during the form processing and transmissions using my selected method of service.

I agree to be contacted for a program success story, which may include submitting to photographs (optional).

Submission of a form in no way obligates Guilford County Government to make an award and Guilford County reserves the right to reject any or all forms, wholly or in part, at any time, without penalty. If awarded, funds may only be used for the project outlined in this proposal. The County reserves the right to audit the submitter's books and records for compliance with terms in this form. Grant funds will be issued upon approval and execution of this form by Guilford County Government.

By my signature below, I have read and understand the Growth & Recovery RFI Terms. I make the following representations and acknowledge agreement to the following terms and conditions:

- Upon approval, this application becomes part of a binding contract between the entity named above and Guilford County Government (Agreement).
- I am the duly authorized representative of the entity named above and can bind the entity to the terms of this Agreement.
- If funds are provided by the County, the funds will be used for the purposes set forth above.
- In no event shall the County's financial responsibility exceed the approved amount.
- I bear full responsibility for any and all tax consequences of receiving grant funds including, but not limited to, issuance of appropriate tax documents, e.g., 1099 forms by the County.
- There is no agency, employment, joint venture, or other such relationship created by virtue of award of the grant. The County does not endorse the entity or organization.



- Submitter shall defend, indemnify and hold harmless the County and its officers, employees, agents, elected officials, and representatives from and against any claim, injury, liability, loss, cost and/or expense or damage including all costs and reasonable attorney's fees, arising from or alleged to arise from the activity or event.
- The representations made by submitter in this Form are material terms of the Agreement, as is compliance with the program. The County may cancel this Agreement at any time upon discovery that any of the information set forth above is inaccurate, that these terms have been violated, or any provision of the program has been violated.

The County or its administrator is authorized to make all the inquiries deemed necessary to verify the accuracy of the information contained herein. Additionally, submitter agrees that in the event money is provided pursuant to this form, the County or its agents shall be entitled to access and audit such records as may be necessary to prevent fraud in this process or ensure compliance with county, state, and Federal requirements. I understand that knowingly making false written declaration may be charged as a felony of the third degree.

Submitter Name:

Submitter Title:

Submitter Signature:

Date: