



**Application for Boone County COVID-19 ARPA Funding**  
*State and Local Fiscal Recovery Funds, SLFRF*

**General Information**

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

Organization Mailing Address: \_\_\_\_\_

Entity Type: \_\_\_\_\_

**Point of Contact Information**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Summary Project Information**

Name of Proposed Project: \_\_\_\_\_

Project Category: **Broadband Infrastructure**

Amount of Funding Requested: \_\_\_\_\_

**Application for Boone County COVID-19 ARPA Funding**  
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**Applicant Name:**

Name of proposed Project or Program/Services: \_\_\_\_\_

Estimated TOTAL COST of proposed Project or Program/Services: \_\_\_\_\_

Amount of Boone County ARPA Funds Requested: \_\_\_\_\_

Boone County Percentage of total Project cost: \_\_\_\_\_

**Section 1 – Applicant Information**

- Legal Name: \_\_\_\_\_
  - Entity type (i.e., government, not-for-profit, business, etc.): \_\_\_\_\_
    - Provide a copy of the organizational chart (**Attachment 1**) and a completed W-9 form (**Attachment 2**).
  - Provide a copy of the Missouri Secretary of State organizational documents (Copies Articles of Incorporation, Articles of Organization, most recent annual report, etc.) (**Attachment 3**).
  - Provide a copy of the most recent annual financial statements (including a copy of the financial audit report) (**Attachment 4**).
  - Physical address of the entity’s home office: \_\_\_\_\_
  - Do the entity’s operations encompass permanent physical locations other than the home office?
    - If yes, provide a brief overview of the various physical locations and the nature of operations conducted at each location:
  
  - Identify the individual responsible for financial and grant reporting for the entity. Describe their level of experience and expertise: \_\_\_\_\_
  - Identify the individual designated as your entity’s *single point of contact* for all questions and information pertaining to this application and/or award. Include name and contact information: \_\_\_\_\_
- \_\_\_\_\_

## Section 2 – Applicant’s experience with government-funded grant awards and/or non-government funded grant awards

- Has your organization received grant awards from one or more governmental entities or one or more non-governmental entities, as either a direct awardee or as a subrecipient awardee? \_\_\_\_\_
  - If yes, describe your entity’s experience over the past 3 years. Identify grantor agencies/entities, purpose of award(s), dollar amount of award(s), and reporting requirements.
  
  
  
  
  
  
  
  
  
  
  - If yes, describe completion status of awards (i.e., completed and closed out; completed but awaiting close out, ongoing, etc.).
  
  
  
  
  
  
  
  
  
  
- Within the past 3 years, has your entity been required to obtain a single audit (i.e., an audit of an entity’s Schedule of Expenditure of Federal Awards (SEFA))? \_\_\_\_\_
  - If yes, for which years were single audits obtained? \_\_\_\_\_
  - If yes, provide a copy of the most recent Single Audit report (**Attachment 5**).
  
  
  
  
  
  
  
  
  
  
- Within the past 3 years, has your organization been subject to sub-recipient monitoring activities for federal monies passed through to your entity? \_\_\_\_\_
  - If so, describe. Include any monitoring visits, remote desk audits, and/or official communications from the monitoring agency.
  
  
  
  
  
  
  
  
  
  
- Within the past 3 years, has your organization been subject to grant monitoring activities by a non-governmental entity? \_\_\_\_\_
  - If so, describe. Include any monitoring visits, remote desk audits, and/or official communications from the monitoring entity.

### Section 3 – Project Information

- Briefly describe the proposed Project or Program/Services. An expanded description may be provided in **Attachment 6**.
  
- Explain how the proposed Project or Program/Services responds to the COVID-19 public health emergency or its negative economic impacts. **Include specific references to ARPA Final Rule FAQs** (<https://home.treasury.gov/system/files/136/SLFRF-Final-Rule-FAQ.pdf>), Final Rule Overview (<https://home.treasury.gov/system/files/136/SLFRF-Final-Rule-Overview.pdf>), or other guidance issued by US Treasury on eligible uses of ARPA funds.
  
- The federal funding authorization governing Boone County’s ARPA monies identifies seven (7) Eligible Expenditure Categories (EC) which are shown in **Appendix 1** of this application. Identify the appropriate EC for the requested Project or Program/Services funding request. If more than one Expenditure Category potentially applies, identify the single category that is *most* applicable.
  
- Briefly describe the methodology and sources used to determine the estimated total cost of the Project or Program/Services. Provide additional supporting documentation as needed (**Attachment 7**).

- Briefly describe the basis or justification for the amount requested from Boone County. If the amount requested is less than the estimated total cost, indicate all other funding sources and the justification for amounts requested from other funding sources. Provide additional supporting documentation as needed (**Attachment 8**).
  
- Does the Project include a capital expenditure (building project, building improvement, or purchase of equipment or other asset)? \_\_\_\_\_
  - If yes, is the capital expenditure > \$50,000? \_\_\_\_\_
  - If yes, provide your entity's TIN: \_\_\_\_\_
- Briefly describe the ongoing operational, maintenance, or other costs that will be associated with the requested project or program services. Describe the funding source(s) to be used to provide the ongoing operational funding requirements. Provide additional supporting documentation as needed (Attachment 9).
  
- Provide any other information relevant to the request. (**Attachment 10**)

## Appendices

Appendix 1 – Eligible Expenditure Categories

## Attachments

### Required Attachments

- Attachment 1: Organizational Chart
- Attachment 2: Completed W-9 form
- Attachment 3: Missouri Secretary of State organizational documents (Copies Articles of Incorporation, Articles of Organization, most recent annual report, etc.)
- Attachment 4: Most recent annual financial statements (including the financial audit report)
- Attachment 5: Copy of the most recent Single Audit Report, if applicable

### Optional Attachments

- Attachment 6: Expanded description—Proposed Project or Program/Services
- Attachment 7: Expanded description—Project or Program/Services estimate of total cost
- Attachment 8: Expanded description—Rationale for amount requested from Boone County and description of other funding sources
- Attachment 9: Expanded description—Future ongoing operational, maintenance, and other costs required to provide a continuation of services along with a description of the funding sources for these costs
- Attachment 10: All other information relevant to the request not addressed in other attachments

