

**Laramie County, Wyoming Application for Nonprofit Organizations Affected by the COVID-19 Pandemic-Applications are due 4/29/22.**

1. Name of Nonprofit Organization \_\_\_\_\_  
\_\_\_\_\_

2. Owner/Authorized Representative's Name \_\_\_\_\_  
\_\_\_\_\_

3. If applicable, Federal Tax Identification Number \_\_\_\_\_  
\_\_\_\_\_

4. Physical Address of your nonprofit organization \_\_\_\_\_  
\_\_\_\_\_

5. Primary Contact Person \_\_\_\_\_  
\_\_\_\_\_

6. Email address \_\_\_\_\_  
\_\_\_\_\_

7. Telephone number \_\_\_\_\_  
\_\_\_\_\_

8. Provide mission statement/purpose or your organization. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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9. Please describe how the COVID-19 pandemic has caused a negative impact to your nonprofit organization and/or the population you serve.  
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10. Program/Project

a. Briefly describe the program/project you are requesting funds for:

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b. Describe the need for your program/project.

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c. Identify any other organizations in Laramie County that address this need.

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d. Is this a new, existing or changed program?

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e. Specifically, what will you use ARPA funds for?

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f. Who will benefit and how (population served)?

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g. How will you prevent the duplication of benefits to end users?

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h. How many individuals/families will be served by this program/project?

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i. How will these funds help you respond to, or recover from COVID-19?

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**11. Project Outcomes**

a. If this is a continuing activity, describe measureable outcomes of your previous years' work regardless of funding source.

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b. Describe anticipated measureable outcomes for your proposed project/program.

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12. Agency's Auditing and Fiscal Controls

- a. Briefly describe your agency's financial oversight/internal controls to minimize opportunities for fraud, waste and mismanagement.

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- b. How does your agency plan to segregate ARPA funds from other agency funds for purposes of identification, tracking, reporting and audit?

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13. If applicable, please list the grand total revenue collected by your nonprofit organization in calendar year 2019 (documentation is required to support this figure).

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14. If applicable, please list the grand total of revenue collected by your nonprofit organization in calendar year 2020 (documentation is required to support this figure).

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15. If applicable, please list the grand total of revenue collected by your nonprofit organization in calendar year 2021 (documentation is required to support this figure).

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16. How much are you requesting in Laramie County ARPA funds? Please provide a detailed budget breakdown for requested items.

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17. Is your organization facing any pending litigation or legal action? If yes, please explain.

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18. Is your organization registered in Sam.gov to be eligible to receive federal funds? Active Status will be required to be awarded ARPA funds.

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**Application Certification**

By checking this box, you are certifying that the information provided herein is true and correct to the best of your knowledge.

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_