

<u>City of York</u> American Rescue Plan Act EC 2.34: Non-Profit Recovery Grant Program and Guidelines

Instructions: All applicants are required to fill out and submit this worksheet with their application. Incomplete worksheets are terms for application rejection.

For this program, the "Total Need" will be the total estimated negative economic impact your organization has sustained due to COVID. It should be the total impact of decreased revenue and/or increased expenses because of the pandemic. You must then disclose and list all alternate funding sources that have been received and utilized for this same impact which may include but are not limited to Paycheck Protection Program (PPP) Funds, Coronavirus Aid Relief and Economic Security Act (CARES Act) Funds, Economic Injury Disaster Loans (EIDL), and other COVID-related funds. Grant reviewers will analyze your estimated impact value using the financial documentation provided with your application. Grant reviewers will then make a final determination of the economic impact using the documentation and "proof" provided by your organization.

Column A.	Column Di		Column Dr	Column Fr
Column A: Funding Sources	Column B: Brief Description of Use	Column C: Date Received	Column D: Amount Received	Column E: Total Need
Total Need (\$value) of activity/program or intended use of City ARPA SLFRF Grant Funds				
Insurance proceeds				
Charitable Contributions				
Nonprofit Sources				
Other Federal, State, or Local funding sources or grants received (list all below)				
1.)				
2.)				
3.)				
4.)				
5.)				
6.)				
7.)				
		SUBTOTALS		
BALANCE = ([Column E] - [Subtotal Column D])				

Name of Organization/Applicant: ____

Contact Name: ______

Contact Signature: ____