



COMMISSIONERS OF HEBRON

ARPA FUNDS APPLICATION

SUBMISSION DEADLINE:

December 31, 2024

Applications must be mailed, emailed, or delivered to:

Commissioners of Hebron
100 North Main Street
Hebron, Maryland 21830

ARPA@hebronmd.com



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Completed applications must be received by the date and time specified. Postmarks will not be accepted. If mailing, be sure to allow enough time for delivery.

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Organization Information

Legal Name of the Organization: _____

Doing Business As (DBA) Name (if applicable): _____

Unified Business Identifier (UBI) Number: _____

Organization Street Address: _____

City: _____ State: _____ Zip Code: _____

Organization Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Organization Website: _____

Applicant's Name: _____

Applicant's Title: _____

Applicant Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Applicant Phone: _____ Applicant Email: _____

Project Contact: _____

Project Contact Phone: _____ Project Contact Email: _____



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Questions

1. Briefly describe the organization and its products/services:
If additional space needed, please attach addition pages.

2. Describe the project the organization will use grant funds for, if awarded:
If additional space needed, please attach addition pages.

3. How will this project impact the community of Hebron?
If additional space needed, please attach addition pages.

4. Briefly describe the organization's capacity to produce this project:



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If additional space needed, please attach addition pages.

5. How does this project support ARPA requirements?

See: <https://www.gfoa.org/american-rescue-plan-spending-guiding-principles>

If additional space needed, please attach addition pages.

6. How does this project support the Town of Hebron's ARPA funds criteria: Supporting Recovery, Reconnecting Community, or Building Resiliency?

If additional space needed, please attach addition pages.

7. Is this project included in an adopted Town or County plan or another documented community need?



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If additional space needed, please attach addition pages.

8. Has the organization secured partnerships within the Town of Hebron community to achieve the project? Briefly describe such partnerships and list community and/or business partners.

If additional space needed, please attach addition pages.

9. Briefly describe non-City funding sources that will provide financial support to this project, if any:

If additional space needed, please attach addition pages.

10. Has the organization applied for other Federal, State or local funding? If so, describe the source or sources and amount or amounts applied for, and any awards received:

If additional space needed, please attach addition pages.



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11. List any other funding sources (e.g. fees, donations, grants) the organization has received or is pursuing to support the project:

If additional space needed, please attach addition pages.

12. Will the project be complete with requested funds? How will the organization support the project after ARPA funds are no longer available?

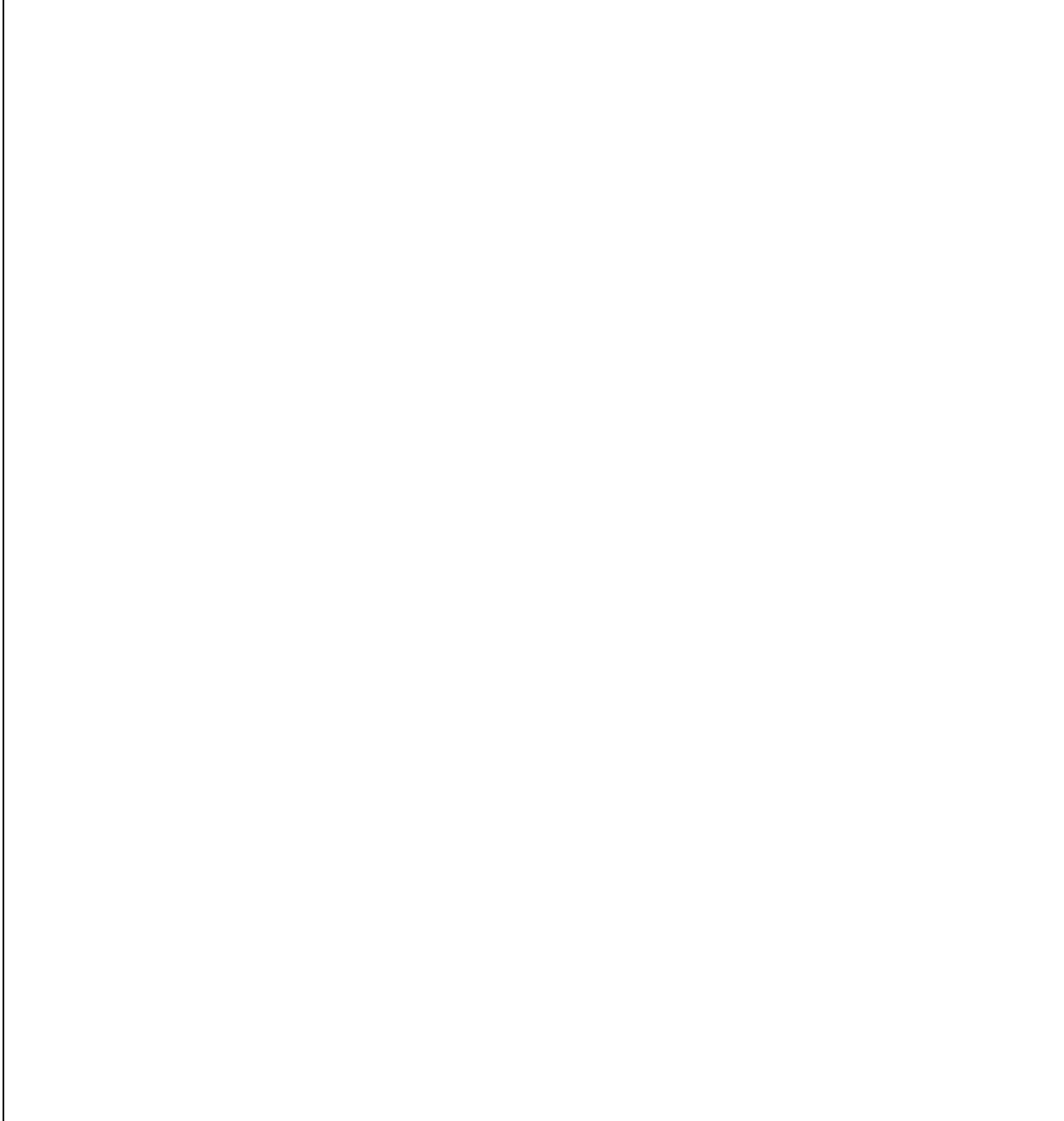
If additional space needed, please attach addition pages.

13. Any additional comments or information the Applicant would like to provide:

If additional space needed, please attach addition pages.



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In the space below, please include any information which you feel may provide useful background on your proposed budget, such as source and rate at which matching labor costs are calculated, etc.