



COMMISSIONERS OF HEBRON

ARPA FUNDS APPLICATION

SUBMISSION DEADLINE:

December 31, 2024

Applications must be mailed, emailed, or delivered to:

Commissioners of Hebron
100 N. Main Street
Hebron, MD 21830

ARPA@hebronmd.com



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The Commissioners of Hebron are accepting applications for American Rescue Plan Act (ARPA) Funding. Funding is intended to assist small businesses, households, and industries hard-hit by the COVID-19 public health emergency.

To be considered for funding, the applicant organization's (hereafter "organization) project must align with one of these categories that the Commissioners of Hebron has set forth as criteria for these funds. **(Check which category your project aligns with):**

_____ **Supporting Recovery** – The Commissioners of Hebron are committed to helping our community recover from the pandemic. People are hurting, and it is important to ensure that health and welfare insecurities that have been created or intensified by the pandemic are addressed.

_____ **Reconnecting Community** – COVID-19 has forced us into social distancing, isolation and quarantine. These conditions may foster widespread anxiety and loneliness in our community. However, they've also made the need for socially connected, vibrant public spaces, such as city parks, and community events obvious to everyone. It's important to remedy negative emotional climates with strategies to reconnect our community.

_____ **Building Resiliency** – Commissioners of Hebron's business community has been impacted significantly by the pandemic. Businesses need capital to reopen doors and for capital infrastructure projects.

Checklist

This checklist is provided as a tool to assist you in the completion of your application. Remember, late and/ or incomplete applications will not be accepted. **If you have questions regarding your application, please contact Hebron Town Hall at (410) 742-5555 or ARPA@hebronmd.com** **(Initial each statement after reading)**

_____ Did you sign the certification page and initial all the certification statements?

_____ Does the proposed project meet one of the categories detailed above?

_____ If mailing your application, did you leave enough time for the post office to deliver it? Remember, postmarks will not be accepted, and late application will be disqualified.

_____ I have reviewed and will abide by Chapter 2, Part 200 of the Code of Federal Regulation (CFR) and Title 6 of the Civil Rights Act of 1964. <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200>, <https://www.justice.gov/crt/fcs/TitleVI>

_____ I understand a project wrap-up report is required upon completion of project.



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ARPA FUNDS APPLICATION CERTIFICATION

By signing this application, I understand and affirm that: **(initial each statement after reading)**

_____ The Commissioners of Hebron ARPA funds is a reimbursable grant. The Commissioners of Hebron will only reimburse those costs actually incurred by my organization and only after the expense is incurred, paid for if provided by a third party, and a signed Request for Reimbursement form (or other form acceptable to the Town) has been submitted to the Town, including copies of the invoices and payment documents.

_____ The applicant organization or identified partner must have a Business License or a documented 501(c)3 designation. Such status is required to be eligible for receipt of ARPA funds from the Commissioners of Hebron.

_____ If awarded, requested funds will be used only for purposes described in this application. I understand the use of funds are subject to audit by the Commissioners of Hebron Auditor.

_____ If awarded, my organization intends to enter into a municipal services contract with the Commissioners of Hebron, provide liability insurance as may be required for the duration of the contract naming the Commissioners of Hebron as an additional insured and in an amount determined by the Town. In addition, my organization will provide proof of or obtain a business license, if required.

_____ I have reviewed, and if awarded funds, will abide by all federal, state, and local procurement policies.

_____ Grants awards will be determined by the Commissioners of Hebron in its sole discretion. Applications may be awarded for the full or a partial amount of the grant requested, or declined.

_____ I certify that I have the legal authority of the organization represented in this application to submit this request for funding on its behalf, and I further certify that the information submitted in this application is true and correct to the best of my knowledge. I understand that the Commissioners of Hebron will rely on the accuracy of the submittals and certifications made in conjunction with this application. Any misrepresentation of inaccurate information may result in a repayment of funds.

Print Name

Title

Signature

Date

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 E-mail: _____

Project Contact: _____

Project Contact Phone: _____ Project Contact E-mail: _____



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Questions

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

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

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

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4. Briefly describe the organization's capacity to produce this project:
If additional space needed, please attach additional 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 additional 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 additional pages.

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

If additional space needed, please attach additional 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 additional pages.

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

If additional space needed, please attach additional pages.



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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 additional pages.

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 additional 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 additional pages.

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13. Any additional comments or information the Applicant would like to provide:
If additional space needed, please attach additional pages



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Project Budget

Please provide a line item detailed budget for the project for the months beginning _____ and ending _____.

Please specify whether your various match items will be cash or in-kind.

Please see the attached example of a budget. If additional space needed, please attach additional pages.

ITEM	ARPA FUNDS REQUEST	MATCH		TOTAL
		CASH	IN-KIND	
TOTAL				

What is the total cost of this project? \$ _____



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Budget Narrative

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.



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Project Budget – EXAMPLE

Please provide a line item detailed budget for the project for the **months of January 2022 – June 2022**. Please specify whether your various match items will be cash or in-kind. Please add additional pages, if needed.

ITEM	ARPA FUNDS REQUEST	MATCH		TOTAL
		CASH	IN-KIND	
Personnel	\$10,000	\$5,000		\$15,000
Building Materials	\$20,000	\$5,000	\$5,000	\$30,000
Rent	\$25,000			\$25,000
Advertising/Marketing	\$5,000		\$2,500	\$7,500
TOTAL	\$60,000	\$10,000	\$7,500	\$77,500