

Please type or print clearly.

Date: _____

Contact Information

Name of applicant or group:
Mailing address:
Physical address, if different:
Telephone:
Email:

If you are a 501(c)3 organization please complete the following section:

Legal name of organization:
Mailing address:
Physical address, if different:
Executive Director, President, or CEO name and title:
Telephone:
Email:
Contact title and telephone no:
Website:
Year organization was founded:
Organization's tax exempt # (EIN):
Organization's total operating budget for current fiscal year:

ARPA Request Information

Name of project:
Project abstract (Please give a brief summary of project):
Beginning and ending dates of project/activity:

If this will be an ongoing project/activity describe your plan for sustainability after the ARPA funds have been exhausted:

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Include a list of other partners in the project such as city departments or other 501(c)3 organizations:

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Which of the following categories best describes your project:

- Support Public Health Response
- Build Stronger Communities Through Investments in Housing and Neighborhoods
- Water, Sewer and Broadband Infrastructure
- Address Negative Economic Impacts
- Capital Expenditures for Public Health or Economic Response
- Other

Purpose and key anticipated outcomes:

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Individuals or communities impacted by this request. Include details about how the project benefits the citizens of Ranson:

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Total ARPA Request	
Total cost of proposed project	
Amount requested in this application	
This request is % of total project cost	

List any funding received from the city of Ranson since March 2020 as well as ARPA funds from other entities:

If you need additional space, please continue your answer(s) here:

Signature of Applicant: _____

Date: _____

Ranson ARPA Committee Review for Eligibility

Eligible for ARPA Funding Not Eligible for ARPA Funding

Finance Director Signature: _____

Date: _____

City Manager Signature: _____

Date: _____

Ranson City Council Review

Approved Partially Funded Denied

City Council Meeting Date: _____

Amount of Funding: \$ _____