



## Non-Profit Assistance Program Application ARPA Funding

Organization Name:	DATE Incorporated	Phone Number	WEBSITE URL:	
STREET ADDRESS:	CITY		STATE	ZIP
REGISTRATION Number	TYPE OF NONPROFIT			
	<input type="checkbox"/> 501 (c) (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Texas Registration Information		
LEADERSHIP	TITLE	Yrs. Served

\* Please attach Board of Directors minutes of the recent three (3) meeting

References		
BANK NAME	ACCOUNT OFFICER	PHONE
ACCOUNTANT	FIRM NAME	PHONE

Project Funding Requests		Service Funding	
Relocation Costs :	\$	Residential Donations:	\$
Building (Construction/Renovation):	\$	Rent /Utilities:	\$
Machinery & Equipment:	\$	Covid Testing:	\$
Infrastructure:	\$	Other:	\$
Soft Costs (Fees, Miscellaneous):	\$	Other:	\$
<b>TOTAL :</b>	<b>\$</b>	<b>TOTAL:</b>	<b>\$</b>

Employee Questionnaire:			
	# OF EMPLOYEES		PAYROLL
How many employees were displaced			\$
Current Employees			\$

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Unpaid Taxes: Attach tax lien				
TYPE OF TAX	PAYABLE TO	DUE DATE	AMOUNT	IF FOR A PROPERTY, INDICATE ADDRESS

Non-Profit Debt Schedule: Indebtedness- furnish the following information on all installment debts, contracts, notes and Mortgages/lease payable. Do not include accounts payable or accrued liabilities								
Creditor	Original Amount	Original Date	Present Balance	Interest Rate	Maturity Date	Monthly Payment	Security	Current or Delinquent
NAME								
ADDRESS								
NAME								
ADDRESS								
NAME								
ADDRESS								
NAME								
ADDRESS								
<b>Total Present Balance*</b>			<b>\$ 0.00</b>	<b>Total Monthly Payment</b>		<b>\$ 0.00</b>		

- Please attached the most recent IRS TAX filing

Services Offered to Dallas Residents	

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<i>Type of Direct Client Service</i>	<i># Clients Served (2021-22)</i>	<i>Percentage meeting HUD Guidelines</i>	<i>African Americans</i>	<i>Hispanics</i>	<i>Men</i>	<i>Women</i>	<i>City of Dallas Residents</i>

**Declaration of Number of Persons Employed by Applicant**

**Federal Law Compliance**

The applicant shall comply with all applicable federal labor laws, including the National Labor Relations Act.

1. Is your company/organization for-profit  or non-profit  ?
2. Number of current/active employees on payroll? \_\_\_\_\_
3. Number of employees if grant is awarded? \_\_\_\_\_
4. If your company/organization is a non-profit entity, what is the highest amount paid to any employee? (please specify if amount is paid annually, biweekly, weekly or hourly). \_\_\_\_\_

Provide the following information about any current City of Dallas contracts you or your

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company/agency may have with the City.

## Current Contracts with City of Dallas

City Contract Number: \_\_\_\_\_

Type of Contract: \_\_\_\_\_

Contract Expiration Date: \_\_\_\_\_

Dollar Amount of Contract. \$ \_\_\_\_\_

## Checklist

Checklist	
<p><input type="checkbox"/> <b>Nonprofit Information</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Audited business financial statements for the last 3 years</li> <li><input type="checkbox"/> Business debt schedule</li> <li><input type="checkbox"/> Federal tax returns for the last 3 years (CPA prepared)</li> <li><input type="checkbox"/> Articles of Organization and Operating Agreement (if LLC)</li> <li><input type="checkbox"/> Articles of Incorporation and by-laws</li> <li><input type="checkbox"/> List of Board of Director</li> <li><input type="checkbox"/> Board of Directors meeting minutes</li> </ul>	<p><input type="checkbox"/> <b>Financial</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Provide current financial</li> <li><input type="checkbox"/> Current budget</li> <li><input type="checkbox"/> Funding needs to provide direct services</li> <li><input type="checkbox"/> Proof of Insurance</li> <li><input type="checkbox"/> Partnership Agreement (if partnership)</li> <li><input type="checkbox"/> Franchise Agreement</li> </ul>
?	?

**Please complete the questions below related to the direct impact of the Novel Coronavirus (COVID- 19) had on your business:**

1. Did you have to temporarily close or relocate because of COVID-19? Yes \_\_\_\_\_ or No \_\_\_\_\_
2. Did you have to lay off employees from your because of COVID -19? Yes \_\_\_ or No \_\_\_\_\_
3. Did you decrease services to low-moderate income Dalla residents because of COVID-19? Yes \_\_\_\_\_ or No \_\_\_\_\_
4. Did you have decreased revenue or gross receipts, financial insecurity, increased costs, decreased capacity to weather financial hardship, or challenges covering payroll, rent or mortgage? Yes \_\_\_\_\_ No \_\_\_\_\_

**\* Please provide additional comments regarding the impact that Novel Coronavirus (COVID-19) has had your business**

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## Non-Profit Assistance Program Application ARPA Funding

### Certifications

#### CERTIFICATION

It is hereby represented and certified that to the best of knowledge and belief of the undersigned, that the information contained herein and attached hereto is accurate and correct.

Applicant Name (Typed): \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize the City of Dallas, Texas to make inquires as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above statements contained in the attachments are true and accurate as the state date(s). These statements are made for the purpose of either obtaining financial assistance related to ARPA funding, I understand that any willful misrepresentation on this statement could result in a fine and/or imprisonment under provisions of the United States criminal Code.