



## Town of Burlington

### Non-Profit ARPA Funding Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Number of employees: \_\_\_\_\_

Amount of Funding requested \$\_\_\_\_\_

Email address: \_\_\_\_\_ Phone number \_\_\_\_\_

- Must conduct nonprofit operations in or service the Town of Burlington CT.
- Must be an open and operating non-profit.
- Must have been in operation since March 2, 2021, or earlier.
- Must have been operating for a public or social benefit.
- Must be a non-profit registered with the Internal Revenue Service (IRS) and the State of CT.
- All tax filings must be up to date with the Internal Revenue Service (IRS) and the State of Connecticut.
- If your NFP has experienced financial hardship as a result of COVID-19, these impacts must be documented, quantifiable, and clearly related to COVID-19.

Type of Organization, select all that apply

☐ Human Services / Basic Needs

☐ Youth Development

☐ Education

☐ Behavioral / Mental Health

☐ Residential Services

☐ Addiction Services

☐ Immigration

☐ Housing

☐ Child Care or Adult Care Services

☐ Arts

☐ Environment

☐ Animal Welfare

☐ Community Organizing

☐ Racial Justice

☐ Other (please specify)



## Town of Burlington

In what ways has the COVID-19 pandemic affected your operations, select all that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> Decreased demand for product or service | <input type="checkbox"/> Increased demand for products or services        |
| <input type="checkbox"/> Required to close by executive order    | <input type="checkbox"/> Increased hours due to demand                    |
| <input type="checkbox"/> Reduced staff hours, wages, or benefits | <input type="checkbox"/> Disruptions to receipt of supplies               |
| <input type="checkbox"/> Decrease in fundraising                 | <input type="checkbox"/> Disruptions to delivery of your products         |
| <input type="checkbox"/> Reduced operational costs               | <input type="checkbox"/> Employ Essential workers                         |
| <input type="checkbox"/> Reduced programs or services            | <input type="checkbox"/> Drew from reserves or savings                    |
| <input type="checkbox"/> Received a PPP loan                     | <input type="checkbox"/> Incurred installment debt to continue operations |
| <input type="checkbox"/> Other (please specify)                  |   |
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In the following section please provide details on how your NFP would utilize grant funding. Note: We are looking for general information about how that money would be spent to combat the effects of COVID-19.

Please provide a brief narrative of how your NFP would use the ARPA grant funding in response to the negative health and/or economic impacts of the COVID-19 pandemic.

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ARPA grant recipients will be asked to file a brief report within six months of receiving this grant funding that explains how the money was used. The Town of Burlington CT Board of Selectmen reserve the right to terminate a grant if it is determined that the grantee is not in compliance with federal, state, or local regulations.



## Town of Burlington

Application signature below acknowledges the accuracy of application and responsibility for submitting all required materials.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Printed or Typed Name of Applicant \_\_\_\_\_

Applications and supporting documentation are to be submitted by one of the following means:

- Hand delivered to the Finance Director's office during regular business hours
- Mailed to Senior Accountant, Town of Burlington, 200 Spielman Highway, Burlington, CT 06013