



City of Medical Lake

ARPA Organizational Grant Relief Program GRANT APPLICATION

Business/Organization Name:	Medical Lake Business License #:	Date of Application:
Organization Physical Address:		
Organization Mailing Address: (If different from above)		
Phone:	Email:	
Primary Contact (Include contact info if different than above):		
Federal EIN:	Non-Profit Organization:	
Amount Requesting (\$):	Our organization received other federal funding:	
Please describe how your organization will be using ARPA funds:		
Please describe any additional grants/funding you have received (if applicable):		

Compliance Guidance: Authorized Uses of Funds

- a. **Public Health (EC 1):** As relevant, describe how funds are being used to respond to COVID-19 and the broader health impacts of COVID-19 and the COVID-19 public health emergency.
- b. **Negative Economic Impacts (EC 2):** As relevant, describe how funds are being used to respond to negative economic impacts of the COVID-19 public health emergency, including to households and small businesses.
- c. **Services to Disproportionately Impacted Communities (EC 3):** As relevant, describe how funds are being used to provide services to communities disproportionately impacted by the COVID-19 public health emergency.
- d. **Premium Pay (EC 4):** As relevant, describe the approach, goals, and sectors or occupations served in any premium pay program. Describe how your approach prioritizes low-income workers.
- e. **Water, sewer, and broadband infrastructure (EC 5):** Describe the approach, goals, and types of projects being pursued, if pursuing.
- f. **Revenue Replacement (EC 6):** Describe the loss in revenue due to the COVID-19 public health emergency and how funds have been used to provide government services.

Compliance Guidance: Period of Performance

Funds cannot be used for expenditures that were incurred before March 1st, 2021

AUTHORIZATION:

I, (print name) _____, the (print title) _____

of (print business name) _____, have approved the submission of this proposal

and have reviewed the compliance requirements for the use of ARPA funds. If I/we receive a grant, I/we

agree to enter a contract with the City of Medical Lake and promise to:

- 1. Use the grant funds according to compliance guidance; and
- 2. Provide all documentation necessary for the City of Medical Lake to verify the use of the funds.

Signature: _____ Date: _____

SUBMISSION:

Email completed and signed application to the City of Medical Lake at kronholt@medical-lake.org Include “**ARPA Relief Fund**” in the email subject line.

If necessary, the completed and signed application may be dropped off at Medical Lake City Hall or sent via U.S. Mail to:

City of Medical Lake
PO Box 369
Medical Lake WA, 99022