

Lake Havasu City Community Organization ARPA application

ARPA Fund: Community Organization Application

Submission Deadline: December 9, 2022

Total Dollar Amount Requested:
(\$10,000 minimum)

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Application 10 page limit (excluding addendum)

Application must be typed

ORGANIZATIONAL INFORMATION

FULL LEGAL ORGANIZATION NAME										
YEAR ESTABLISHED				501 (C)(3)						
				YES	NO	IF Yes, EIN				
TOTAL ORGANIZATIONAL BUDGET										
				IF NO, PROVIDE BUSINESS INFORMATION						
PHYSICAL ADDRESS						EIN				
MAILING ADDRESS				LAKE HAVASU CITY BUSINESS LICENSE, IF APPLICABLE						
				NO OUTSTANDING TAXES (EXCLUDING 2022 PROPERTY TAXES)						
				YES		NO				
WEBSITE				PHONE						
EXECUTIVE DIRECTOR and / or PROGRAM CONTACT PERSON				TITLE						
EMAIL ADDRESS				PHONE						
ADDITIONAL POINT OF CONTACT NAME				TITLE						
EMAIL ADDRESS				PHONE						
TOTAL NUMBER OF THE FOLLOWING:										
BOARD MEMBERS										
MANAGEMENT STAFF										
FULL TIME STAFF										
PART TIME STAFF										
VOLUNTEERS										
FOCUS AREA Choose All That Apply				Food	Housing	Medical Services	Agency Services	Childcare	Senior Adult Care and Services	Other Social Services

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DEMONSTRATION OF COMMUNITY NEED

Describe the need in Lake Havasu City that your proposal is designed to meet:

Describe how your proposal responds to and meets the need identified:

Describe how your organization or the population your proposal serves has been negatively impacted by COVID-19. In the categories of response to public health and/or economic impact:

SUSTAINABILITY

Describe how your proposal will be sustained after the grant period:

Identify any donors (may be in-kind) or sources of funds that can leverage the awarded grant funds and help ensure that the proposal is sustainable beyond the grant period:

List all support your proposal has from community organizations, included but not limited to local chambers of commerce, non-profits, businesses, or faith-based organizations:

PROGRAM EVALUATION

Describe the proposal's measurable goals, performance benchmarks, and desired outcomes:

Describe the geographic distribution of the proposal's services:

Describe the proposal's cost compared to the number of people to be served:

Describe how your proposal will be effective at improving and/or addressing the community's needs:

Describe how you will use data to guide decision-making and measure effectiveness of the proposal:

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ORGANIZATION AND BUDGET

Describe your organization, when it was founded, its mission, and vision:

Describe and support with details the capability of your organization's leadership, employees, and/or board/management:

Describe how your organization is financially stable and what systems you have in place for effective oversight:

PARTNERSHIPS, COORDINATION, AND INNOVATION

Describe how your proposal supports innovative and locally driven solutions to respond to the impact of the COVID-19 pandemic:

Describe how your proposal will coordinate or collaborate with specific organizations in the same or related fields:

*Attach No more than 3 letters of support, recommendation, or memorandums of understanding.

Describe how your proposal is fundamentally different from other activities already occurring to assist and support Lake Havasu City residents:

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CONCLUSION	
APPENDIX	
FILE NAME	DESCRIPTION
List Appendix Included. Examples: letters of recommendation(s); letters of support; memorandum of understanding with others, brochures, flyers.	
Example:	Letter of Recommendation from Corp XYZ

Final Check List:

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| 1) | Electronically Submit by Deadline | Deadline Submittal
December 9, 2022 | cityclerk@lhcaz.gov |
| 2) | Completely Fill out Application | | |
| 3) | Include any additional Information | | |
| 4) | All information including Appendix should be included with application in one electronic file . | | |

Application Naming Convention: Your Organization - CRC, e.g. LHCORG - CRC