



**FORT BEND COUNTY, TEXAS
FY 2021 AMERICAN RESCUE PLAN ACT (ARPA)
NON-PROFIT PARTNERSHIP GRANT PROGRAM**

Notice of Intent to Participate

The American Rescue Plan Act (ARPA) provides \$350 billion in aid to state, local, Tribal, and territorial governments to be used for economic relief in response to the COVID-19 pandemic for “assistance to households, small businesses, and non-profits, or aid to impacted industries such as tourism, travel and hospitality.”

Fort Bend County received an allocation of \$157 million of which a portion has been budgeted for the non-profit partnership grant program.

Non-profit impact needed as follows:

- Improve outcomes for local communities and residents traditionally left behind
- Enable non-profit organizations to hire more personnel and deliver services on which members of the community depend for their own relief and recovery
- Expand to provide more services especially where the needs are increasing

Types of entities supported by ARPA Grants:

- Non-profits organizations that were most impacted by the pandemic
- Non-profit organizations that addressed critical needs within the community, such as emergency food assistance, long-term housing and emergency shelter, technology support, childcare, youth empowerment, transportation, employment services, and health care services.
- Targeted assistance to the non-profit organizations that were historically less likely to be approved for federal support

Fort Bend County ARPA Non-profit Grant Program Eligibility Criteria, if applicable:

- Non-profit organization must be operational, located in, and serving Fort Bend County
- Documentation of Non-profit status (signed and dated articles of incorporation and by-laws)
- Loss of Revenue (based on IRS Form 990, 2019 & 2020)
- Increased Expenses (based on IRS Form 990, 2019 & 2020)
- Documentation of increased demand for ‘Existing Services’ (number of clients/cases/meals/etc. needing service)
- Special Projects related to providing ‘Post- COVID-19 Services’ to Fort Bend residents

Other Eligible Uses (Not all inclusive):

- Fundraising losses due to Pandemic
- Program Expenditures impacted by fundraising activities (food, education, etc.)
- Programs and Services focused on COVID-19 response and prevention
- Operational Expenses and Equipment
- Capital Improvements
- Other approved County defined priorities

**Typical Project types:**

- Economic Development
- Emergency Food Assistance
- Public Health
- Mental Health Support
- Family Violence & Child Abuse prevention, services, and support for victims
- After-school programs for kids
- Support non-English speaking communities through language translation and targeted outreach of existing resources and new resources
- Technology Access
- Residential assistance programs for seniors
- Food preparation and delivery services to support people in need
- Job Training & Placement
- Revenue Replacement
- Shelter/Prevention of Homelessness
- Long-term care

Information Needed from Non-profit Applicant:

- Application
 - Documentation of Non-profit status
 - IRS Form 990, 2019 & 2020
- W9
- Documentation of number of clients/cases/meals/etc. & associated costs
- Special Projects related to providing post COVID-19 services to Fort Bend residents
 - Proposal Form and Scope Summary
 - Budget / Expenditure Pro-forma
 - Measurable Outcomes
 - Compliance Plan

Instructions:

This signed application, a brief narrative, and the budget pages are to be completed by eligible applicants. Submission of this application is not a guarantee that a project will be funded. The deadline to submit this application is 12:00 pm (noon) Tuesday, September 21, 2021. The application can be hand delivered or emailed to:

Carol Borrego

Fort Bend County Community Development Department

Address: 301 Jackson Street, Suite 602, Richmond, TX 77469

Phone: 281-341-4410

Email: carol.borrego@fortbendcountytexas.gov



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APPLICATION	
Submitted by	Entity Name: _____ Please check if your organization has received other ARPA Grants for Non-profit organizations: _____ PPP _____ Unemployment Insurance and Self-Insured Employers _____ Employee Retention Tax Credit
Project Information	Project Title: _____ Total Project Costs: \$ _____
Contact Person	Name: _____ Title: _____ Email Address: _____ Area Code & Telephone: _____
Authorized Signature	Date