**Attachment 03**

**ARPA Public Safety Funding Opportunities Application Form**

NOTE: All proposals must be submitted using this format. Monroe County reserves the right to reject any proposal that does not follow this format. A Word version of this attachment, which may be filled out electronically and submitted as part of the proposal, is available at https://www.monroecounty.gov/arpa-rfp.

1. **Contact Information**
   1. Entity Name:
   2. Entity Mailing Address:
   3. Entity Main Phone Number:
   4. Entity Main Email:
   5. Project Contact Name:
   6. Project Contact Email:
   7. Type of entity (e.g., fire district, not-for-profit, etc.):
2. **Required Documents** - Please submit the following documents with your proposal:
   1. If you are a for profit or not-for-profit corporation, please provide your entity’s filing from the New York State Division of Corporations. You can download this document here: <https://apps.dos.ny.gov/publicInquiry/>.
   2. Signed Monroe County Certification Regarding Debarment, Suspension and Responsibility Form.
   3. Signed Monroe County Equal Pay Certification Form.
3. **Project Overview**
   1. Proposed Project Name:
   2. Please provide an executive summary of your proposed project that describes the major activities proposed: *(please do not exceed 250 words)*
   3. Which Bring Monroe Back Goal(s) will your project advance? Check all that apply:

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| --- | --- | --- |
|  |  | Workforce Development & Economic Recovery - Create an equitable environment where our business community has access to a skilled workforce that have the necessary resources to live, work and grow in Monroe County. |
|  |  |
|  |  | Public Health & Public Safety - Implement a long-term framework that supports and recognizes the critical linkages between community wellness, mental health, and public safety. |
|  |  |
|  |  | Infrastructure & Sustainability - Create an environment to maintain our quality of life, preserve our natural resources and build innovative and equitable solutions for our future generations. |
|  |  |

* 1. Project description – Please describe your proposed project and goals.
     1. How does your project positively address harms caused by COVID-19 public health emergency and support Monroe County’s recovery efforts? For example:
        1. Which category(ies) does your project fit within under the “Eligible Projects” and how? **OR**
        2. How does your project respond to a COVID-19 public health or economic impact?
     2. Will the proposed project advance any of the three Bring Monroe Back goals? If yes, how?
     3. Will your project continue to impact Monroe County residents beyond 2026? If yes, how?

1. **Maximizing Community Resources** - Describe how the proposed project will partner and/or leverage resources.
   1. List all of the proposed partnerships and collaborations that will be used to enhance your project including with any other Eligible Entities, other municipal corporations, other agencies, and/or certified minority-owned, women-owned, or veteran owned businesses located in Monroe County.
2. Audience - Please describe the community this project will serve and how the proposed program will target and engage that population.
   1. How many Monroe County residents do you anticipate this project will serve and/or impact?
   2. Identify if the community your entity serves is historically underrepresented, a minority population, vulnerable, or generally underserved in Monroe County. Is yes, please describe.
   3. Will the proposed project have any associated costs, fees, financial requests or other obligations to participate that will be asked of the targeted individual(s) or community (e.g., application fees, tuition, transportation, time commitment etc.)? If yes, please describe.
3. **Cost** 
   1. How much money are you requesting for year 1 (2023)?
   2. How much money are you requesting for all four years (2023-2026)?
   3. How many Monroe County residents will be affected by this program in year 1 (2023)?
   4. How many Monroe County residents will be affected by this program for all four years (2023-2026)?
   5. Number of Full Time Program Employees (if none, please enter 0)
   6. Number of Part Time Program Employees (if none, please enter 0)
   7. Number of Program volunteers (if none, please enter 0)
   8. Please describe the staffing involved in conducting and supporting the project, including titles. The titles of the staff should match those listed in the personnel section of the project budget.
4. **Budget.** **The electronic Budget Proposal Template is located at the following: https://www.monroecounty.gov/arpa-rfp.** Be sure to itemize all personnel costs (salaries and fringe benefits of each person to be funded by this project) and non-personnel costs (supplies, vehicles, equipment [please indicate type--e.g., office equipment (chairs, desks, computers, etc.); Medical equipment (defibrillators, chest compression devices, heart monitors, etc.]; Fire equipment (hoses, fire protection gear, etc.), etc.], rent, transportation, etc. to be funded by this project). List costs for year 1 (2023) and costs for years 1-4 (2023-2026), assuming the project is renewed.

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