

**Paul E. Coogan**  
*Mayor*

# City of Fall River



## **REQUEST FOR FUNDING (RFF)**

## **AMERICAN RESCUE PLAN ACT (ARPA)**

### **Submit Proposals To:**

**City of Fall River, Massachusetts**  
**Mayor's Office**  
**One Government Center, Fall River, MA 02722**  
**ARPA RFF**

**City of Fall River – Mayor’s Office  
One Government Center, Fall River, MA 02722  
REQUEST FOR FUNDING (RFF) ARPA Program**

**APPLICANT INFORMATION**

1. Agency or Organization: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Mailing Address (if different) \_\_\_\_\_
4. Federal Tax ID Number/Employer Identification Number: \_\_\_\_\_
5. State Tax ID Number (MA DOR) (if the entity does not have one, write N/A): \_\_\_\_\_
6. Data Universal Numbering System (DUNS) Number (Required): \_\_\_\_\_
7. Does the Agency have an *active* registration in the Federal System for Award Management (SAM) (not required)?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, list expiration date: \_\_\_\_\_
8. Website Address: \_\_\_\_\_
9. Name and Title of Contact Person: \_\_\_\_\_
10. Email Address of Contact Person: \_\_\_\_\_
11. Telephone Number of Contact Person: \_\_\_\_\_
12. Organization Telephone Number: \_\_\_\_\_
13. Organization Fax Number: \_\_\_\_\_
14. Name and Title of Authorized Signatory (person authorized to sign/execute contracts on behalf of Agency). If multiple persons, list all:  
\_\_\_\_\_
15. Email Address(es) of Authorized Signatory(ies) listed above: \_\_\_\_\_
16. Telephone Number(s) of Authorized Signatory(ies): \_\_\_\_\_
17. Name of Proposed Project: \_\_\_\_\_
18. Total Funding Request: \$ \_\_\_\_\_
19. Total Matching Funds: \$ \_\_\_\_\_
20. Project Category:  
 Support public health expenditures  Address negative economic impacts  
 Provide premium pay for essential workers  Invest in water, sewer, and broadband infrastructure

## PROJECT INFORMATION

1. Describe the goal of the proposed project (The proposed solution to the problem/need identified above):
2. Describe the community needs to be address by the proposed project:
3. Describe the proposed project activities to be undertaken to achieve the goal:
  - A. If project supports public health, please describe.
  - B. If project addresses negative economic impact, please describe.
4. Explain how project performance will be measured.
5. Who will be served by the proposed project? (Include specific groups or individuals as well as geographic area primarily benefiting from the activity)
6. How many estimated beneficiaries will be served with ARPA funds?
7. Is this an unduplicated count?     Yes    No  
(Unduplicated means that each client is counted only once, even if services are ongoing services are provided to the client more than once.)
8. Indicate the type of group to be served:
  - Individuals
  - Families
  - Businesses
  - Households
  - Housing Units
  - Census Tracts
9. Describe the outcome or impact the activity will have on the population to be served (How will the proposed project improve the quality of life for recipients?).
10. Identify the inputs (e.g. staffing, equipment, supplies and other resources) that will be needed for the proposed activity. Attach job descriptions of the staff to be paid with ARPA funds.
11. Describe your agency's compliance with Title VI of the Civil Rights Act. What types of language assistance services, if any, are provided by your agency to Limited English Proficient (LEP) persons?
12. Please briefly describe your agency's background and explain why your agency is well positioned to provide this proposed activity/service.
13. Is this project already underway or ongoing? If so, please describe.

**BUDGET INFORMATION**

Proposed budget for the first program year (January 1, 2022 – December 31, 2022)

ARPA Project Funding: \$ \_\_\_\_\_

Other Project Funding: \$ \_\_\_\_\_

Total Project Funding: \$ \_\_\_\_\_

Matching Funds for the Proposed Project:

Amount: \$ \_\_\_\_\_

Source: \_\_\_\_\_

Secured:  Yes  No

Can project proceed without this source?  Yes  No

Amount: \$ \_\_\_\_\_

Source: \_\_\_\_\_

Secured:  Yes  No

Can project proceed without this source?  Yes  No

**ITEMIZED BUDGET**

\*\*Please list each budget line item to be paid with ARPA funds

\*\*A detailed project budget should be attached to this application upon submission

## **PROJECT TIMELINE**

**\*\*Please note project milestones (e.g. launch, end of phase I, etc).**

**\*\*Scope of work and project schedule should be attached to this application upon submission**

## **ARPA APPLICATION CHECKLIST/ATTACHMENTS**

- Application with Original Signature
- Budget Information
- Description of Organization
- Organizational Chart
- List of the Board of Directors
- Authorized Official
- Financial Audit
- Financial Statement
- Certificate of Compliance with the Americans with Disabilities Act
- Copy of Non-Discrimination Policy
- Job Descriptions (if applicable)
- Detailed Project Budget
- Detailed Project Schedule
- Optional Additional Attachments – Supporting or explanatory documents

## CONFLICT OF INTEREST QUESTIONNAIRE

Federal, State, and City laws prohibit employees and public officials of the City of Fall River from participating on behalf of the City in any transaction in which they have a financial interest. This questionnaire must be completed and submitted by each applicant for ARPA funding. The purpose of this questionnaire is to determine if the applicant, its staff, or any of the applicant's Board of Directors would be in conflict of interest.

1. Is there any member(s) of the applicant's staff or any member(s) of the applicant's Board of Directors or governing body who currently is or has/have been within one year of the date of this application, a City employee or consultant, or a member of the City Council?  Yes  No

If yes, please list the names(s) below:

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2. Will the ARPA funds, requested by the applicant, be used to award a subcontract to any individual(s) or business affiliate(s) who currently is or has/have been within one year of the date of this application, a City employee, consultant, or a member of the City Council?  Yes  No

If yes, please list the name(s) below:

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3. Is there any member(s) of the applicant's staff or member(s) of the applicant's Board of Directors or another governing body who are business partners or family members of a City employee, consultant, or a member of the City Council?  Yes  No

If yes, please list the name(s) below:

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If you answered "YES" to any of the above, the Mayor's Office will review to determine whether a real or apparent conflict of interest exists.

Name of Organization: \_\_\_\_\_

Name of Applicant's Authorized Official: \_\_\_\_\_

Authorized Official's Title: \_\_\_\_\_

Signature of Authorized Official: \_\_\_\_\_

Date: \_\_\_\_\_

## CERTIFICATIONS AND APPLICANT SIGNATURE

By signing below, the applicant certifies under penalties of perjury that this proposal has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals.

By sign below, the applicant certifies under the penalties of perjury that to the best of their knowledge and belief, the organization has complied with all laws of the Commonwealth of Massachusetts relating to taxes, reporting of all employees and contractors, and withholding and remitting child support.

By signing below, the applicant certifies that it is not in default under the terms and conditions of any grant or loan agreements, leases, or financing arrangements with creditors.

This proposal and other materials submitted may be considered public records subject to disclosure under the public records act. Final decision on confidentiality lies with the Public Records Division of the Commonwealth of Massachusetts.

Submitting false or misleading information may result in rejection or ineligibility for financial assistance under this program, and the authorized representative is subject to any and all prosecution that applies.

Successful applicants will be expected to complete all requirements as outline in the operating contract. Failure to complete these requirements will be considered default.

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SIGNATURE

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DATE



## **REVIEW CRITERIA**

### **ORGANIZATIONAL CAPACITY**

1. Is the agency an eligible non-profit organization?
2. Is the RFF application complete, accurate and coherent? Are all required documents attached?
3. Is the proposal an eligible activity according to ARPA grant regulations? Did the applicant cite in their proposal where the proposed activity is listed as eligible in the regulations?
4. Does the program/project meet one of the ARPA expenditure categories?
5. Does the organization demonstrate sufficient experience/capacity to conduct the proposed activity?
6. Does the organization demonstrate experience in past administration of/compliance with Federal grants and regulations?
7. Is the agency adequately staffed with qualified personnel, and does the agency have the adequate resources to carry out the activity?
8. Do the Organizational Charts show lines of responsibility?
9. Is the agency ready to proceed with proposed program/project?
10. Does the agency have the capacity to have an audit conducted on a timely and annual basis that meets State and Federal requirements?
11. Does the agency have a plan to monitor its progress in implementing the activity to meet grant requirements?
12. Does the agency's board or governing entity conduct proper oversight/review of projects/programs?

### **PROGRAM DESIGN: NEED, BENEFICIARY DATA**

1. Does the applicant articulate and substantiate why the project is needed by Fall River residents?
2. Is the project activity substantially documented with local data?
3. Does the applicant effectively describe the target population who will benefit from the proposed activity? Does the project help the populations with the highest needs for services?
4. How many individuals/households are expected to benefit from the project activity?
5. Is there a solid methodology in place for determining client eligibility and for tracking number served? Did the applicant satisfactorily describe how the coordination of intake procedures will be undertaken to determine how applicants qualify for assistance?
6. Are the project activities described in quantifiable and measurable terms?
7. Does the applicant satisfactorily describe the types of services to be offered?
8. Did the applicant provide a detailed Outreach Plan to ensure that the target population is served?
9. Was a detailed program plan including specific project/program procedures, policies and guidelines described?

### **FINANCIAL CAPACITY**

1. Does the organization have sufficient qualified staff to oversee financial operations?
2. Does the applicant have any past due obligations with other funding sources?
3. Has the agency submitted its financial management policies and procedures?
4. Does the organization have the financial capacity to operate the program until funds are available and the ability to operate on a reimbursement basis?
5. Will ARPA funding pay for the whole (or majority of) program? Is there outside funding and if so, from whom and what kind (in-kind services and/or cash). What is the status of the outside funding commitment(s)? (ARPA assistance to agencies is not intended to provide ongoing support.)

### **PLAN CONSISTENCY**

1. Is the proposal consistent with the needs and priorities of the City of Fall River? Are they referenced in the proposal?

### **PROJECT ACCOMPLISHMENTS/ PERFORMANCE MEASUREMENTS**

1. Does the applicant clearly identify and define realistic goals and activities?

2. Does the applicant clearly define realistic performance measurements for proposed activities?
3. Is the performance measurement consistent with the scope of services to be provided?

**PROJECT/PROGRAM BUDGET AND FUND LEVERAGING**

1. Was the budget and budget justification complete, identifying all funding sources and leverage funding?
2. Does the program/activity leverage other funding sources, demonstrating cost sharing opportunities? Does the applicant describe collaborative efforts with other service providers and/or agencies?
3. Is the budget realistic and cost-effective; is sufficient information provided?
4. Will this activity generate any income? Reasonable fees may be charged for project services under some grants (*see regulations*). If fees are charged, was a copy or schedule provided? Failure to submit the fee schedule for a fee-based project will render an application disqualified.
5. Is the project activity dependent on ARPA funding for its survival/continuation? Is the project sustainable?

**PAST PERFORMANCE EVALUATION**

1. Has the applicant demonstrated its ability to achieve previous contract outputs and outcomes?