



2022 CITY OF MONROE ARP FUNDS APPLICATION

The City of Monroe is accepting applications for American Rescue Plan Act (ARP) Funding. Funding is intended to assist small businesses, households, and industries hard-hit by the COVID-19 public health emergency.

To be considered for funding, the individual/organization's (hereafter "applicant") project must align with both a project category as set forth by the City of Monroe and an expenditure category as set forth by the U.S. Department of the Treasury.

City of Monroe Project Categories

*Examples listed below are general in nature, intended to convey a broad illustration of corresponding projects. **Initial which City category your project aligns with.***

_____ **Supporting Recovery** – The City of Monroe is committed to helping our community recover from the pandemic. People are hurting, and it is important to ensure that health and welfare insecurities that have been created or intensified by the pandemic are addressed.

Examples: programs providing mental health services, child care, access to youth sports/activities, and support for families experiencing homelessness.

_____ **Reconnecting Community** – COVID-19 has forced us into social distancing, isolation and quarantine. These conditions may foster widespread anxiety and loneliness in our community. However, they've also made the need for socially connected, vibrant public spaces, such as city parks, and community events obvious to everyone. It's important to remedy negative emotional climates with strategies to reconnect our community.

Examples: programs support local events, tourism, and economic development.

_____ **Building Resiliency** – Monroe's business community has been impacted significantly by the pandemic. Businesses need capital to reopen doors, and assistance with rent, lease/mortgage payments, utilities and capital infrastructure projects.

Examples: programs supporting recovery of local businesses, such as rent and utilities payments, physical plant improvements, and purchase of equipment.

Department of the Treasury

*Review the Expenditure Categories attached to this application on page 15, or on the City's website at monroewa.gov/DocumentCenter/View/12321, and on the line below, **write-in which Treasury expenditure category your project aligns with.***

_____ **Expenditure Category**



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Certification

By signing this application, I understand and affirm that: **(initial each statement after reading)**

_____ City of Monroe ARP awards will be distributed on a reimbursement basis. The City of Monroe will only reimburse those costs actually incurred and only after the expense is incurred, paid for, and a signed Request for Reimbursement form (or other form acceptable to the City) has been submitted to the City, including copies of the invoices and payment documents. **Purchases/expenses made prior to contract execution are not eligible.**

_____ Business/nonprofit applicants, or an identified partner, must have a Monroe Business License or a documented 501(c)3 or (c)6 designation. Such status is required to be eligible for receipt of ARP funds. My organization will provide proof of or obtain a City of Monroe business license. I understand it may take 30-60 days from the date of City Council approval for a contract to be fully executed, and that I cannot expend monies on reimbursable expenses until that time.

_____ Applicants may apply for multiple projects, but only one application per project.

_____ If awarded, funds will be used only for purposes described in this application. I understand that any award is a one-time award which does not create an obligation or guarantee of continued funding by the City, and the use of funds is subject to audit by the Washington State Auditor.

_____ If awarded, I or my organization intends to enter into a municipal services contract with the City of Monroe, provide liability insurance and additional insured endorsement documentation as may be required for the duration of the contract naming the City of Monroe as an additional insured and in an amount determined by the City.

_____ I have attended or watched the recording of the applicant workshop, and if awarded funds, will attend the receipt workshop. Workshop information will be available at monroewa.gov/1050.

_____ I have reviewed, and if awarded funds, will abide by federal and City procurement policies. Policy documents available at monroewa.gov/1050.

_____ Awards will be determined by the City of Monroe in its sole discretion. Applications may be awarded for the full or a partial amount of the total requested, or declined. If not awarded the full requested amount, applicant can decline the award; if not declined, applicant will provide additional information of how a partial award will be expended.

_____ I certify that I have the legal authority of the individual or organization represented herein to submit this request for funding on its/their behalf, and I further certify that the information submitted is true and correct to the best of my knowledge. I understand that the City of Monroe will rely on the accuracy of the submittals and certifications made in conjunction with this application. Any misrepresentation of inaccurate information may result in a repayment of funds.



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Checklist

This checklist is provided as a tool to assist you in the completion of your application. Remember, late and/ or incomplete applications will not be accepted. **If you have questions regarding your application, please contact Rich Huebner at (360) 722-1684 or RHuebner@MonroeWA.gov.** (Initial each statement after reading):

_____ City of Monroe ARP funds will be distributed on a reimbursable basis.

_____ Applicant's household, organization, and/or clients are located within the city limits of Monroe?

_____ Did you sign this page, complete the categorization questions on page 1, and initial all the certification statements on page 2?

_____ Does the proposed project meet at least one the City of Monroe Project Categories and at least one of the federal expenditure categories detailed on page 1?

_____ If mailing your application, did you leave enough time for the post office to deliver it? Remember, postmarks will not be accepted, and late application will be disqualified.

_____ If applying on behalf of a business or nonprofit organization, did you attach a completed W-9 form to your application? A fillable W-9 form is attached to this application packet, if needed.

_____ I have reviewed and will abide by [Chapter 2, Part 200 of the Code of Federal Regulation \(CFR\)](#) and [Title 6 of the Civil Rights Act of 1964](#).

_____ The City will be developing and implementing a communication plan to share stories of how ARP funds have impacted the community. Applicant agrees to participate in City communication activities, and to provide the City with information about how ARP funds have impacted the Awardee – either individually or in a corporate capacity – and/or the Monroe community.

_____ I understand a project wrap-up report is required upon completion of project.

Print Name

Title

Signature

Date



2022 CITY OF MONROE ARP FUNDS APPLICATION

SUBMISSION DEADLINE:
Friday, April 15, 2021
4:30 p.m.

Applications must be mailed or delivered to:

City of Monroe
Monroe City Hall
Attn: Rich Huebner
806 W. Main Street
Monroe, WA 98272

Completed applications must be received by the date and time specified. Postmarks will not be accepted. If mailing, be sure to allow enough time for delivery.



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Applicant Information (Business or Nonprofit Organization)

If applying on behalf of an individual/household, insert "N/A" in required boxes and skip to Page 6

Legal Name of the Applicant (if applicable): * _____

Doing Business As (DBA) Name (if applicable): _____

Unified Business Identifier (UBI) Number (if applicable): * _____

Applicant Street Address: * _____

City: _____ State: _____ Zip Code: _____

Applicant Mailing Address: _____
(if different from street address)

City: _____ State: _____ Zip Code: _____

Applicant Website: * _____
(Please enter "N/A" if none)

Applicant Name: * _____

Applicant Title: * _____

Applicant Phone: * (_____) _____ Applicant E-mail: * _____

Project Contact: _____
(if different from applicant)

Project Contact Phone: (_____) _____ Project Contact E-mail: _____



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Applicant Information (Individual or Household)

If applying on behalf of a business/nonprofit agency, insert "N/A" in required boxes and skip to Page 7

Applicant Street Address: * _____

City: _____ State: _____ Zip Code: _____

Applicant Mailing Address: _____
(if different from street address)

City: _____ State: _____ Zip Code: _____

Applicant Name: * _____

Applicant Phone: * (_____) _____ Applicant E-mail: * _____

Project Contact: _____
(if different from applicant)

Project Contact Phone: (_____) _____ Project Contact E-mail: _____

* Response required for application to be considered complete



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Project Evaluation

Describe how the applicant will use ARP funds, if awarded:

Maximum 500 characters:

Briefly describe the applicant's qualifications to administer the award and produce the project:

Maximum 500 characters:

Briefly describe the applicant's capacity to produce this project:

Maximum 500 characters:

How does this project support at least one of the City of Monroe's Project Categories: Supporting Recovery, Reconnecting Community, or Building Resiliency?

(category descriptions available on page 1)

Maximum 500 characters:



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How does this project specifically support the [federal expenditure category](#) identified on page 1?
Maximum 500 characters:

Continued on Next Page



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Demonstration of Need

Is this project included in an adopted City/County plan or another documented community need?

- Monroe Comprehensive Plan: <http://monroewa.gov/831>
- Monroe Homelessness Policy Advisory Committee recommendations: <http://monroewa.gov/DocumentCenter/View/8479/HPAC-Final-Recommendations>
- Monroe Downtown Master Plan: <https://monroewa.gov/DocumentCenter/View/5687/Downtown-Master-Plan>
- Monroe Parks Master Plan: <http://www.monroewa.gov/DocumentCenter/View/5593>
- Snohomish County Housing Affordability Regional Taskforce (HART) Plan: <https://www.snohomishcountywa.gov/DocumentCenter/View/71290>

Maximum 500 characters:

Briefly describe the COVID-created need of the Monroe community that this project addresses:

Maximum 500 characters:

Continued on Next Page



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Community Support and Partnerships

Has the applicant secured partnerships within the Monroe community to achieve the project? Briefly describe such partnerships and list community and/or business partners.

Maximum 500 characters:

Financial Support

Briefly describe non-City funding sources that will provide financial support to this project, if any:

Maximum 500 characters:

Has the applicant applied for other Federal, State or local funding? If so, describe the source(s) and amount(s) applied for, and any awards received:

Maximum 500 characters:

Continued on Next Page



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List any other funding sources (e.g. fees, donations, grants) the applicant has received or is pursuing to support the project:

Maximum 500 characters:

Will the project be complete with requested funds?

Maximum 500 characters:

Can the project be completed with an award of partial funding? If so, briefly describe how the project will be adapted if partial funding is awarded:

Maximum 500 characters:

How will the applicant support the project after ARP funds are no longer available?:

Maximum 500 characters:



2022 CITY OF MONROE ARP FUNDS APPLICATION

Project Budget

Please provide a line-item detailed budget for the project. Please specify whether your various match items will be cash or in-kind. **Please see page 14 for an example budget.**

ITEM	ARPA FUNDS REQUEST	MATCH		TOTAL
		CASH	IN-KIND	
TOTAL				

What is the total cost of this project? \$ _____



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Budget Narrative

In the space below, please include any information which you feel may provide useful background on your proposed project budget, such as source and rate at which matching labor costs are calculated, etc.



2022 CITY OF MONROE ARP FUNDS APPLICATION

Project Budget – EXAMPLE

Please provide a line item detailed budget for the project. Please specify whether your various match items will be cash or in-kind.

ITEM	ARPA FUNDS REQUEST	MATCH		TOTAL
		CASH	IN-KIND	
Personnel	\$10,000	\$5,000		\$15,000
Building Materials	\$20,000	\$5,000	\$5,000	\$30,000
Rent	\$25,000			\$25,000
Advertising/Marketing	\$5,000		\$2,500	\$7,500
TOTAL	\$60,000	\$10,000	\$7,500	\$77,500



Appendix 1: Expenditure Categories

The Expenditure Categories (EC) listed below must be used to categorize each project as noted in Part 2 above. The term “Expenditure Category” refers to the detailed level (e.g., 1.1 COVID-10 Vaccination). When referred to at the summary level (e.g., EC 1) it includes all Expenditure Categories within that summary level.

1: Public Health	
1.1	COVID-19 Vaccination ^
1.2	COVID-19 Testing ^
1.3	COVID-19 Contact Tracing
1.4	Prevention in Congregate Settings (Nursing Homes, Prisons/Jails, Dense Work Sites, Schools, etc.)*
1.5	Personal Protective Equipment
1.6	Medical Expenses (including Alternative Care Facilities)
1.7	Capital Investments or Physical Plant Changes to Public Facilities that respond to the COVID-19 public health emergency
1.8	Other COVID-19 Public Health Expenses (including Communications, Enforcement, Isolation/Quarantine)
1.9	Payroll Costs for Public Health, Safety, and Other Public Sector Staff Responding to COVID-19
1.10	Mental Health Services*
1.11	Substance Use Services*
1.12	Other Public Health Services
2: Negative Economic Impacts	
2.1	Household Assistance: Food Programs* ^
2.2	Household Assistance: Rent, Mortgage, and Utility Aid* ^
2.3	Household Assistance: Cash Transfers* ^
2.4	Household Assistance: Internet Access Programs* ^
2.5	Household Assistance: Eviction Prevention* ^
2.6	Unemployment Benefits or Cash Assistance to Unemployed Workers*
2.7	Job Training Assistance (e.g., Sectoral job-training, Subsidized Employment, Employment Supports or Incentives)* ^
2.8	Contributions to UI Trust Funds
2.9	Small Business Economic Assistance (General)* ^
2.10	Aid to Nonprofit Organizations*
2.11	Aid to Tourism, Travel, or Hospitality
2.12	Aid to Other Impacted Industries
2.13	Other Economic Support* ^
2.14	Rehiring Public Sector Staff
3: Services to Disproportionately Impacted Communities	
3.1	Education Assistance: Early Learning* ^
3.2	Education Assistance: Aid to High-Poverty Districts ^
3.3	Education Assistance: Academic Services* ^
3.4	Education Assistance: Social, Emotional, and Mental Health Services* ^
3.5	Education Assistance: Other* ^
3.6	Healthy Childhood Environments: Child Care* ^
3.7	Healthy Childhood Environments: Home Visiting* ^
3.8	Healthy Childhood Environments: Services to Foster Youth or Families Involved in Child Welfare System* ^



3.9	Healthy Childhood Environments: Other* ^
3.10	Housing Support: Affordable Housing* ^
3.11	Housing Support: Services for Unhoused Persons* ^
3.12	Housing Support: Other Housing Assistance* ^
3.13	Social Determinants of Health: Other* ^
3.14	Social Determinants of Health: Community Health Workers or Benefits Navigators* ^
3.15	Social Determinants of Health: Lead Remediation ^
3.16	Social Determinants of Health: Community Violence Interventions* ^
4: Premium Pay	
4.1	Public Sector Employees
4.2	Private Sector: Grants to Other Employers
5: Infrastructure²⁷	
5.1	Clean Water: Centralized Wastewater Treatment
5.2	Clean Water: Centralized Wastewater Collection and Conveyance
5.3	Clean Water: Decentralized Wastewater
5.4	Clean Water: Combined Sewer Overflows
5.5	Clean Water: Other Sewer Infrastructure
5.6	Clean Water: Stormwater
5.7	Clean Water: Energy Conservation
5.8	Clean Water: Water Conservation
5.9	Clean Water: Nonpoint Source
5.10	Drinking water: Treatment
5.11	Drinking water: Transmission & Distribution
5.12	Drinking water: Transmission & Distribution: Lead Remediation
5.13	Drinking water: Source
5.14	Drinking water: Storage
5.15	Drinking water: Other water infrastructure
5.16	Broadband: “Last Mile” projects
5.17	Broadband: Other projects
6: Revenue Replacement	
6.1	Provision of Government Services
7: Administrative	
7.1	Administrative Expenses
7.2	Evaluation and Data Analysis
7.3	Transfers to Other Units of Government
7.4	Transfers to Non-entitlement Units (States and territories only)

*Denotes areas where recipients must identify the amount of the total funds that are allocated to evidence-based interventions (see Use of Evidence section above for details)

^Denotes areas where recipients must report on whether projects are primarily serving disadvantaged communities (see Project Demographic Distribution section above for details)

²⁷ Definitions for water and sewer Expenditure Categories can be found in the EPA’s handbooks. For “clean water” expenditure category definitions, please see: <https://www.epa.gov/sites/production/files/2018-03/documents/cwdefinitions.pdf>. For “drinking water” expenditure category definitions, please see: <https://www.epa.gov/dwsrf/drinking-water-state-revolving-fund-national-information-management-system-reports>.

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	<i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
					-			-			
or											
Employer identification number											
					-						

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.