



Will County is committed to supporting the community’s response and recovery to COVID-19. The County, using the allocation of over \$134 million from the Coronavirus State and Local Fiscal Recovery Funds (SLFRF), a part of the American Rescue Plan, has dedicated over \$25 million to community groups, healthcare partners, and non-profit organizations to support a strong, resilient, and equitable recovery. The following application is open to entities supporting efforts to address food stabilization, behavioral health, violence prevention, and innovative response to improved health outcomes.

Grant Pursuit:

Please select one of the following that best describes the overall request.

Food Stabilization

- Food Distribution/Assistance (e.g., child nutrition programs, meal delivery service, pantry)
- Capital Expenditure (efforts to close food insecurity gaps and address food deserts)

Behavioral Health

- Treatment and/or Prevention Services (e.g., outpatient/inpatient treatment, harm reduction, recovery, diversion)
- Behavioral Health Access (e.g., staffing, outreach, expansion of services, capital expenditures)

Violence Prevention

- Victim Recovery (e.g., victim support services)
- Crime Mitigation (e.g., programs or efforts to address root causes)

General Health

- COVID-19 Mitigation and/or Prevention (e.g., equipment, supplies, capital expenditures)
- Access & Equity (e.g., capital expenditures, expansion of services, engagement, outreach)

Benefit/Impact:

Please provide a brief description outlining the request and how it aligns with the selection criteria above:

Organization Information:

Legal Name of Organization: _____

Doing Business As (DBA): _____

Federal Tax ID Number: _____

SAM.Gov ID: _____

Organization Physical Address: _____

Mailing Address: _____

CEO/Executive Director Name: _____

Organization Telephone Number: _____

Email Address: _____

Website: _____

Date Organization Founded: _____

Geographic Area(s) Served: _____

Tax Exemption Status: _____

Contact Person: _____ Title: _____

Contact Person Telephone Number: _____

Contact Person Email Address: _____

1. Organization Mission or Vision Statement - Primary Purpose:

2. Is this organization currently in good standing with the State of Illinois and current on local taxes and utility bills?

- Yes
- No

3. Is this organization currently in good standing and in compliance with all applicable Federal, State and Local Laws?

- Yes
- No

4. If no to either #2 or #3, please provide information about status and standing:

5. Are any of the organization’s staff or Board Members immediate family members of County Staff or an Elected Official?
- Yes
 - No
6. If you answered “yes”, please list out family members and their relation:
-
-
-
-
7. In the space below, please provide the number of full-time equivalents, part-time employees, or volunteers:
-
-
8. Describe the services the organization provides to Will County residents. If the organization is not located in Will County, specifically indicate the total number or percentage of individuals served residing in Will County.
-
-
-
-
-
9. Describe the organization’s target population served. (Mark all that apply)
- Youth (up to 17 years of age)
 - Adolescents (18 to 24 years of age)
 - Adult (25 to 62 years of age)
 - Seniors (over 62 years of age)
 - Disproportionately Impacted (see Resource Library – Definition)
 - LGBTQ+ Community
 - Veterans
 - Persons with Disabilities
 - Other: _____
10. Does the organization count persons served, or households served?
- Persons/Individuals
 - Households
11. How many persons/households did the organization serve in the most recent complete fiscal year?
- Organization’s Fiscal Year: _____
- Total Households: _____
 - Total Residents: _____

Grant Request Information

12. Amount of Award Request: _____

Note: Will County reserves the right to award less funds than requested. Applicants should be prepared to discuss what a reduction would look like for the project.

13. **Subrecipient Grant Award** budget request (populate only those that apply):

Blank line items are for applicants to include expenditures related to the project not otherwise identified. You may also choose to upload a separate budget attachment with narrative to support the project request.

Budget Cost Categories		OMB Uniform Guidance Federal Awards Reference 2 CFR 200		Total Expenditures
1.	Personnel (Salary and Wages)	200.430	\$	
2.	Fringe Benefits	200.431	\$	
3.	Travel	200.475	\$	
4.	Equipment	200.439	\$	
5.	Supplies	200.313	\$	
6.	Contractual Services and Subawards	200.201	\$	
7.	Consultant (Professional Service)	200.201	\$	
8.	Construction	200.201	\$	
9.	Occupancy (Rent and Utilities)	200.311	\$	
10.	Research and Development (R&D)	200.445	\$	
11.	Telecommunications	200.445	\$	
12.	Training and Education	200.445	\$	
13.	Direct Administrative Costs	200.445	\$	
14.			\$	
15.			\$	
16.			\$	
17.			\$	
18.			\$	
19.			\$	
20.			\$	
21.	Miscellaneous Costs		\$	
a.	Advertising and public relations	200.445		
b.	Materials and supplies costs, including costs of computing devices			
22.	<i>Add additional cost items as needed</i>			
23.	Total Direct Costs (add lines 1-20)		\$	
24.	Total Indirect Costs			
	Rate %:		\$	
	Base*:		\$	
25.	Total Costs Federal Grant Funds (Lines 16 and 17) <u>MUST EQUAL REVENUE TOTALS ABOVE</u>		\$	

* The Base is modified direct total costs (MTDC) of the subaward project. Pursuant to 2 CFR 200.68, MTDC means all direct salaries and wages, applicable fringe benefits, materials and [supplies](#), services, travel, and up to the first \$25,000 of each [subaward](#) (regardless of the [period of performance](#) of the [subawards](#) under the award). MTDC excludes [equipment](#), [capital expenditures](#), charges for patient care, rental costs, tuition remission, scholarships and fellowships, [participant support costs](#) and the portion of each [subaward](#) in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the [cognizant agency for indirect costs](#).

14. Type of Grant Requested (select all that apply).

- COVID-19 related economic loss (e.g., loss of fundraising revenue, reduction in program participant fees)
- Direct expenses related to COVID-19 (e.g., purchase of PPE, staff cost related to increased demand of services)
- Programs/services for people disproportionately impacted by the pandemic and its economic impacts
- Programs/services for people impacted by the pandemic and its economic impacts
- Implementation of preventing or mitigation measures to contain the spread of the virus
- Capital expenditure to create or expand access to healthcare services or programs
- Other:

15. Describe in detail what the grant funds will be used for according to the boxes checked in the question above:

16. Has the organization previously managed or utilized federal grants or support in the past 3 years?

- Yes
- No

17. If yes, please describe processes or efforts that are currently in place to effectively manage federal grant funds.

18. Applicant agrees to expend all funds requested by December 31, 2026.

- I agree

Project/Program Details

19. Describe how the planned project/program responds to needs created or intensified by the COVID-19 public health emergency?

20. Identify and describe existing needs in the community that the project/program will address.

21. Describe the goals and objectives of the project/program. Provide performance metrics and explain how each will be measured.

22. Describe how the project/program will remain viable beyond fully expending ARPA. Include details about existing pursuits, plans to fundraise, or adjust budget to accommodate the project/program.

23. Describe how participants and/or residents will become aware of the project/program – outline how the organization identifies patients/participants, distributes marketing material, and ongoing communication efforts.

24. How many *new or additional* people/households will the program be able to serve if awarded funding? Please also identify if any of these persons/households identify as under-served groups within the community. Mark all that apply.

- Estimated to be between 1 - 100
- Estimated to be between 100 - 500
- Estimated to be over 500+
- Youth (up to 18 years of age)
- Seniors (over 55 years of age)
- LGBTQ+ Community
- Veterans
- Persons with disabilities
- Other under-served group, define below

25. Please indicate the readiness to fund/implement by checking all that apply below:

- The agency has conducted internal evaluations or outcome assessments for the program
- The agency will formally collect and document qualitative and/or quantitative feedback to assess the progress. Please briefly explain the data collection and evaluation process:

26. Please indicate the readiness to fund/implement by indicating what stage the project/program is in:
- Operating Scale:** Team has evidence its strategy achieves impact and is delivering the solution at scale (Provide documentation as an attachment supporting selection)

 - Scaling:** Team has evidence of impact and is expanding/adapting the strategy to a greater number of target beneficiaries, potentially in new geographies, but has yet to achieve large-scale implementation. (Provide documentation as an attachment supporting selection)

 - Proof of Concept:** Team has been implementing the strategy for a small number of target beneficiaries with plans to scale (Provide documentation as an attachment supporting selection)

 - Local, State, National Initiative:** Team has been required or requested to comply with implementing a mandate or strategy to address beneficiaries access or ability to receive services (Provide documentation as an attachment supporting selection)

Briefly identify the reason or justification for selection above including description of attachment:

COVID-19 Impact

27. Describe the impact the COVID-19 public health emergency has had on the organization's programs/activities (e.g., increased/decrease in demand for services, program modification due to social distancing, new programming to serve those impacted, limited operations, etc.).

28. Describe the impact the COVID-19 public health emergency has had on the organization's finances (e.g., increased, or new expenses, reduced/canceled fundraising, loss of earnings, decline in revenue, etc.).

29. Describe the impact the COVID-19 public health emergency has had on the organization (e.g., staffing changes, volunteers' impact, periods of closure, mitigation efforts to contain the spread of COVID, etc.).

30. What steps has the organization taken to address the financial impacts of COVID-19 to date?

31. If the organization receives the funds requested, what is the anticipated future social and/or economic impact to the community and persons/households/business served? What opportunities do you anticipate it will create?

Alternate Funding

32. Has the organization received other COVID-19 funding assistance such as, but not limited to, Federal CARES Act funding; Paycheck Protection Program (PPP) Loans; Economic Injury Disaster Loans (EIDL); or Community Development Block Grant Coronavirus (CDBG-CV) funds?

- Yes
- No

33. If you answered "Yes" to the question above, describe amount(s), funding agency(s), date funds received, and use(s). Please include proof of funding and documentation of use.

34. Are there other grants the organization has currently *applied for or intends to apply for*?

- Yes
- No

35. If you answered yes to the question above, please list each application filed or intent to file below

36. If you answered yes to question #34, please confirm this applicant agrees to advise when they get a final response from each of those applications listed above

- I Agree

37. Does the organization currently employ, or have access to, a grant writer?

- Yes
- No

Financial/Insurance Information

38. Revenue for the past fiscal year? _____

39. Projected revenue for the current fiscal year? _____

40. Projected expenditures for the current fiscal year? _____

41. Dates covered by organization fiscal year: _____

42. Describe how the organization typically raises funds, pre-COVID-19?

43. Please complete the types of insurance the organization carries and note the maximum amount per occurrence.

- General Liability \$ _____
- Automobile Liability \$ _____
- Workers Compensation \$ _____

SIGNATURE

I hereby certify that the statements and documents submitted herein are true and the funds requested adhere to the Will County American Rescue Plan Comeback Program guidelines.

Grant Preparer

Print Name

Title

Signature

Date

Organization CEO, Executive Director, or Authorized Representative

Print Name

Title

Signature

Date