Application for ARPA Fund Distribution-Non-Profit

Please submit completed application, along with supporting documentation, to <u>info@walkersvillemd.gov</u>, no later than **September 30, 2022**. Late applications will not be considered.

Eligible Organizations

An organization is eligible for an award if it:

- has a physical location/address in Walkersville, MD (21793 zip code);
- is in good standing with the Internal Revenue Service, the Maryland State Department of Assessments and Taxation's Personal Property Tax Division; and Frederick County Government;
- is in compliance with Federal, State and Local human rights laws (by self-attestation);
- was established prior to March 1, 2019, and plans to continue operating through at least June 30, 2023.

Nonprofit organizations under an umbrella (or fiscal sponsor) are not eligible to apply. The following types of nonprofit organizations are also ineligible: churches and religious organizations; fraternal and/or civic organizations; homeowner's associations; labor unions; private, political or public foundations, and cemeteries.

Required Documentation

- Proof of Status as a 501(c)(3) from US Department of Treasury Internal Revenue Service
- IRS Form 990
- Certificate of Status from MD Sdat
- Official financial statements from 2020-2022

Application Review Process

Town staff will evaluate, review applications, and verify eligibility requirements. The Economic Development Commission will make award recommendations after considering the completeness of applications, organizational need, community benefit, and organizational budget size. The Economic Development Commission will then submit award recommendations to the Burgess & Commissioners for final review and approval.

The Town of Walkersville reserves the right to reduce or increase individual grant amounts relative to requests if demand either exceeds or does not meet available funding. The Town of Walkersville also reserves the right to request clarification, or additional information, as needed during the review of applications.

Applicant Information

| Name of Non-profit Entity: |
|---|
| |
| Principal Address/Registered address of Non-profit |
| Mailing Address: |
| |
| Physical Address: |
| |
| Primary Point of Contact |
| Name: |
| |
| Phone Number: |
| |
| Email address: |
| |
| Date of Recognition as Non-profit from Internal Revenue Service: |
| |
| Date of Registration with Maryland Department of Assessment and Taxation: |