

American Rescue Plan Act (ARPA) Funding Application

[Print](#)**Submitted by:****Status:** Open**Priority:** Normal**Assigned To:** Jonathan Storage**Due Date:** Open**Attachments**

- [boardNotes.docx](#) - 2021-12-15 01:26:57 pm



**American Rescue Plan Act (ARPA)
Funding Application
Non-Profit, Community Groups, Neighborhood Associations, and Businesses
APPLICATION DEADLINE: December 15th 2021**

Application must be completed in full to be considered. Applications may be submitted online using this fillable form. But forms and attachments may also be submitted by email to ARPA@cityofcharleston.org or by U.S. Mail to City Manager's Office, 501 Virginia Street East Charleston, WV 25301.

All requests for funding **must be directly related to COVID-19 mitigation or recovery efforts** and must fall within the parameters of at least one of the goals set by the treasury department along with other requirements listed within this application.

GENERAL INFORMATION

*** Name of Project/Program:**

The courage to change program

*** Organization Name:**

IMPACT ME, Incorporated

*** Address:**

1109 highland road

*** Primary Contact Person:**

Mikael Bosse

Title:

Founder & Owner

*** Phone:**

13044449584

*** Email:**

ceo@impactmecounseling.org

Federal Tax ID:

85-0960510

If applicable: DUNS Number:

118163215

To obtain a DUNS number please visit <https://fedgov.dnb.com/webform> After obtaining, please register your organization with the System for Award Management at <https://sam.gov/SAM/>

List the organization's owner(s), Board of Directors, senior staff members, and other key members:

Lesli Brooks- Vice President Nathalie Agbo- President Shawn Myers - Governance committee Derek Stotts - Fundraising Committee Mavery Davis - Treasurer Takeia Smith- liaison Committee

Describe any partner organizations, their roles, and your relationship with them:

N/A

BUDGETARY OVERVIEW - Must match Budget Worksheet*** Funds Requested**

6000.00

*** Total Program/Project Cost**

3000.00

Annual Organization Budget**Request Summary**

1. Provide a narrative overview/summary of the request.

Topics that may be included but not limited to:

- Purpose and anticipated outcomes
- Individuals, entities, or communities served
- How the pandemic has necessitated this request
- Amount of any estimates and bids received to date
- Timeline for project completion

The Courage for change series is an Enabling Risk Need Responsivity program approach which uses a cognitive-behavioral therapy approach. Cognitive-behavioral therapy aims to correct maladaptive patterns of thinking and behaviors that contribute to an individual's problems through increased mindfulness. Our focus will be on providing justice services to at risk individuals by introducing them to a proving developed Journals/training to assist those individuals in changing their criminal and substance use behaviors. This training will focus on social values, responsible thinking, self control, basic cognitive skills, core skills, recovery maintenance, and many more. b. Detention centers, parolees, at risk youth organizations, recovery coaches, recovery addicts , local community organizations working on restorative justice. c. The pandemic has affected all of us but for those struggling with substance misuse or any disorderly conduct, they are fighting a different fight. As they continue to struggle to cope with the choices they have to make due to their lack of understanding, lack of support, or lack of caring. d. N/A e. This program will take 6-12 months to complete based on the amount of time needed to teach the program and revisit it in order to fully evaluate those individuals that have taken the training. An evaluation process must follow the training within weeks in order to evaluate their acceptance of the program.

Attach any additional information such as bids, concepts, designs, letters of support, etc. If submitting electronically the documents must be in PDF, Excel, or Word format and total file size must not exceed 10 megabytes.

Program/Project Details*** 1. The funding will be used to:**

- Start a new program/project
- Maintain an existing program/project
- Expand an existing program/project

* 2. If funded, will the program/project be completed within FY 2022?

Yes No

If no, when is expected completion year?

December 2022

3. Which eligible ARPA Expenditure Category does this program/project represent (See

<https://home.treasury.gov/system/files/136/SLFRF-Compliance-and-Reporting-Guidance.pdf> for further details)? Please check all that apply:

*

- Public Health
- Negative Economic Impacts
- Services to Disproportionately Impacted Communities
- Premium Pay
- Infrastructure
- Other

4. Briefly describe the program/project funds are being requested for:

We will be using "The Change Companies" training modules that provides customized solutions that support lasting positive change. Their courage to change program focuses on several key factors that will enable changes in others. We will focus on their Justice service approach which is a proven method that will change criminal and substance use behaviors.

5. Describe the need for this program/project:

West Virginia has an incarceration rate of 731 per 100,000 people (including prisons, jails, immigration detention, and juvenile justice facilities), meaning that it locks up a higher percentage of its people than any democracy on earth. In saying that, we need a program that will target those at risk-youth and adults using this cognitive designed program.

6. List other Charleston organizations in Charleston that address this need:

Kisra used to address this need but have lost their funding due to Covid-19 and other unknown reason.

7. Describe the level of collaboration with other organizations on this program/project:

We will be collaborating with detention facilities in the state and parole offices in Charleston.

8. How will duplication of services be prevented?

A certification is required in order to complete our project which is tied to our overall mission statement. Those services cannot be duplicated without our involvement.

Program Requirements and Objectives

1. Identify the target recipients of proposed services. Specify the number of City residents the program will serve during the fiscal year and explain the basis upon which this number is calculated.

At risk youth, Incarcerated adults , offenders on parole and probation, local organizations addressing the need for a restorative justice program. In a fiscal year, approximately 500-1,200 will be served with this program.

2. List any eligibility requirements the program has with respect to age, gender, income, or residence.

Age group : 13 and up No specific gender requirement No Income guidelines or residence

3. If this is a continuing activity, describe a measurable outcome of the previous year's work regardless of funding source.

This will be our first year incorporating this program.

4. If this is a new program describe two anticipated measurable outcomes for the proposed program.

Decrease the number of youth incarceration by 50% Decrease the number of re-offenders by 40% Positive youth engagement in the community will rise to at least 10%

Budget

* 1. Has the organization received funding from the City of Charleston in the past for a similar program/project?

Yes No

* 2. Has the organization requested funding from other Federal, State, or Local government entities for any program/project support related to COVID-19?

Yes No

3. If yes, explain from which entities and the amounts requested for each program/project.

4. List any other Federal, State, Local, or private funding or grant awards received in the last three years and the amount and status of each award.

N/A

5. Briefly summarize project revenues and expenses related to this request. This should coincide with the budget worksheet.

Staff Stipend - \$ 3000.00 Training materials - \$2,500 Supplies- \$500

6. If this request is not fully funded, what adjustments to the program/project is the organization prepared to make?

We will have to obtain funding through another source in order to incorporate this program fully or set a different timeframe for this training to be completed.

7. Describe the plan for sustainability of the program/project or initiative after the requested award has been exhausted.

The sustainability of this program will be based on our partnership with detention centers, parole boards, reentry counseling association and many more. If funds are exhausted, staff member will adapt his training schedule, training might be once every two weeks or once a month in order to maintain that rapport built with the community, inmates, at-risk youth, clients and corrections wardens.

8. Briefly describe the organization's fiscal oversight / internal controls to minimize opportunities for fraud, waste, and mismanagement.

We have a Board oversight committee that oversees our budget and the those budgets are discussed at our monthly meetings.

9. How does your agency plan to separate ARPA funds from other agency funds for purposes of identification, tracking, reporting and auditing?

ARPA funds would be specifically used for the new program, our treasurer will be responsible for keeping all of the funds separated.

REQUESTED BUDGET WORKSHEET

Revenue Source Projections

List all Estimated Funding for this Program/Project

* **Proposed City ARPA Funding**

Internal/Self-Funding

6000.00

Donations/Other Fundraising

Government Grants/Other

* **TOTAL REVENUE**

6000.00

Expenses Projections

List all Estimated Expenses for this Program/Project

Salaries/Wages

Amount Requested from City	Amount from Other Sources	Total Estimated Expenses
3000.00		3000.00

Benefits & Matchings

Amount Requested from City	Amount from Other Sources	Total Estimated Expenses

Contracted Services

Amount Requested from City	Amount from Other Sources	Total Estimated Expenses

Program Materials

Amount Requested from City	Amount from Other Sources	Total Estimated Expenses
2,500.00		2,500.00

Marketing

Amount Requested from City	Amount from Other Sources	Total Estimated Expenses
0	0	0

Supplies

Amount Requested from City	Amount from Other Sources	Total Estimated Expenses
500		500

Other

Amount Requested from City	Amount from Other Sources	Total Estimated Expenses

Total Expenses

* Amount Requested from City	* Amount from Other Sources	* Total Estimated Expenses
6000.00	0	6000.00

NOTE: Revenues and Expenses must balance, and the use of requested funds must be directly related to COVID-19 recovery efforts.

Organizational Details

1. Describe the history of the organization and its current programs and activities.

Impact Me, Inc. is a 501c3 non-profit organization based out of Charleston, WV. This organization was created to effectively address and work on some of our societies basic needs. OUR GOALS are to teach individuals on particularly issues they might be facing, and educate them on how and what they need to do in order to become productive members of society.

2. Provide the organization's mission statement/purpose.

To effectively bring awareness to the efforts of sexual assault, the effects of substance abuse, the problems associated with being released from prison and finally to effectively bring awareness to the importance of community and police relationships. Our Vision is To effectively train, educate and strengthen people struggling with Substance Abuse, Sexual Abuse trauma and to prevent to reduce racial disparities of contact with law enforcement. Also, to empower those coming out of the criminal justice system in order to assist them in their journey to successfully re-enter the community.

3. List any third-party references that can verify the organizations qualification or prior grant experience.

Mavery Davis Elvins Campbells Timothy Duff Takiea Smith

COVID-19 Impact

1. Explain the impact of the COVID-19 pandemic and how it relates to your request. For example, reduction in services, closures, increased costs, community impact, etc.

Due to Covid-19 we were forced to shut down one of our partner organization (Impact Me Addiction Counseling Services). This changed the dynamic of our organization, that partner organization was responsible for providing counseling for individuals suffering from any mental health issues. It allowed us to evaluate our clients/community members using two separate approaches. Impact Me Incorporated focused on the nonprofit side of things while Impact me addiction services focused on the for profit side of the operation. A somewhat safe proof goal that was set just in case we lacked any sort of funds with our nonprofit. Also, with that closure we were not able to hire the required staff to keep both business afloat or push our community agenda which includes travelling to local schools to teach our program, ordering training materials, getting into certain venues, etc.... everything had to come to a halt. We have been invited into several detention centers and schools but due to lack of funds, we regretfully had to decline and push our trainings to future dates.

2. If funds are being requested to replace revenue lost due to COVID-19, provide details, and attach supportive documentation.

N/A

3. If awarded, how will ARPA funding aid in the recovery from the COVID-19 pandemic?

If awarded with the ARPA funds, we will finally be back in somewhat of an operational role. We will still not fully be staffed but one staff member will be able to maneuver around and finally present this much needed training to some of our much needed community. Our at-risk community need this training, our substance abuse community and restorative justice community would benefit from this training. In doing so, we would finally have a measuring platform that could allow us to gain more funding in the near future from other resources.

THE APPLICANT UNDERSTANDS:

*

- 1. This application and other materials submitted to the City may constitute public records which may be subject to disclosure under the West Virginia Freedom of Information Act. Documents containing sensitive information may be marked as "confidential."**

*

- 2. Submitting false or misleading information in connection with an application may result in the applicant being found ineligible for financial assistance under the funding program, and the applicant or its representative may be subject to civil and/or criminal prosecution.

THE APPLICANT CERTIFIES THAT:

*

- 1. I have reviewed the US Treasury guidelines regarding the eligible uses of American Rescue Plan State and Local recovery funds. <https://home.treasury.gov/policy-issues/coronavirus/assistance-for-state-local-and-tribal-governments/state-and-local-fiscal-recovery-fund/request-funding>

*

- 2. By submitting this request, I represent that I am an authorized officer, or member of the organization for which I am submitting, and the information contained in my submittal is true and correct to the best of my knowledge and belief.

*

- 3. The information submitted to the City of Charleston ("City") in this application, and substantially in connection with this application, is true and correct.

*

- 4. The applicant is in compliance with applicable laws, regulations, ordinances and orders applicable to it that could have an adverse material impact on the project. Adverse material impact includes lawsuits, criminal or civil actions, bankruptcy proceedings, regulatory action by a governmental entity or inadequate capital to complete the project.

*

- 5. The applicant is not in default under the terms and conditions of any grant or loan agreements, leases or financing arrangements with its other creditors that could have an adverse material impact on the project.

*

- 6. I understand and agree that I must disclose, and will continue to disclose, any occurrence or event that could have an adverse material impact on the project.

*

- 7. I certify that the requested funding is needed to ensure this program/project will occur within the City limits of Charleston West Virginia.

*

- 8. The Board of Directors or governing body of the organization has approved submission of this application. Please attach a copy of the authorizing resolution or meeting minutes using the file upload.

* Signature

* Date

Seri Bosse/ Impact Me, Incorporated

12/15/2021

Authorized representative of Applicant/Organization

Format: MM/DD/YYYY

* PRINTED NAME:

Seri Bosse

* TITLE OF APPLICANT:

Founder & president

* ORGANIZATION NAME:

IMPACT ME, Incorporated

Upload a File

Choose File No file chosen

Board Meeting Minutes Impact Me, Incorporated

(Board Meeting Minutes: December 1, 2021)
(1900hrs and 1506 Kanawha Blvd W., Charleston Wv 25312)

Board Members:

Present: Nathalie Abgo, Jon Davis, Shawn Myers, Lesli brooks-Bosse', Derek Stotts

Absent: Takeia Smith, Mavery Davis, shawn Myers

Phone line present? Yes (Smith & Myers)

Others Present:

Exec. Director: Mikael Bosse'

Proceedings:

- *Meeting called to order* at 7:00 p.m. by Exec., Mikael Bosse'
- (Last month's) meeting minutes were amended and approved

· *Chief Executive's Report:*

- Recommends that we attempt to obtain this city's grant due on Dec 15th. After brief discussion, Board agreed.

- Staff member, Smith stated urged us to work on it as soon as we could or find a grant writer to complete the form for us.

Member, Stotts, stated that we need to find other funding ASAP because these kids need our program and we have to find a way to roll it out.

- Member Agbo stated that we need to collaborate with other entities so that we are in the " loop" when these type of fundings comes open.

- member lesli, stated that this is a wonderful training and requires little to non-management because 1-2 staff member can run this training. Also, we are in with the parole board, reentry counseling, juvenile justice, so we just need to put together good enough plans and these groups will fund us.

- *All personnel agreed and decided to focus on obtaining other funds from other resources. Member smith, suggested we find a grant writer and just keep looking for grants and allow that grant writer to just work on it for us.*

- *All members agreed*