

# American Rescue Plan Act (ARPA) Funding Application

[Print](#)**Submitted by:****Status:** Open**Priority:** Normal**Assigned To:** Don Peal**Due Date:** Open

**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. Submit completed application and enclosures/attachments by email to [ARPA@cityofcharleston.org](mailto:ARPA@cityofcharleston.org), or 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:**

S mentoring program

**\* Organization Name:**

SMP

**\* Address:**

103c first street

**\* Primary Contact Person:**

Yolonda Steele

**Title:**

Founder

**\* Phone:**

5138466386

**\* Email:**

ymsteele@gmail.com

**Federal Tax ID:**

**If applicable: DUNS Number:**

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:**

Yolonda Steele

**Describe any partner organizations, their roles, and your relationship with them:****BUDGETARY OVERVIEW - Must match Budget Worksheet**

<b>* Funds Requested</b>	<b>* Total Program/Project Cost</b>	<b>Annual Organization Budget</b>
12,000	15,000	23,000

**Request Summary**

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

Topics that may be included but not limited to:

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

The purpose of my mentoring program is to teach train and develop the young girls that have been entrusted in my care to prepare the for life in the future. We take college visits, we also teach the girls how to manage money, care for themselves physically, mentally and emotionally. I wanted to start the program back in February of 2020 but COVID hit so I wasn't able to be as proactive due to COVID

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?**

If no, when is expected completion year?

Yes  No

**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:**

Project funds will be used to help pay travel expenses as well as materials needed to prepare them for college testing. Items needed for cooking classes. Etc.

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**5. Describe the need for this program/project:**

This program is highly needed especially with the girls on the Westside. I work at Edgewood elementary and I know quite a few of the girls at Westside middle.

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**6. List other Charleston organizations in Charleston that address this need:****7. Describe the level of collaboration with other organizations on this program/project:**

I have no other partnerships or organizations

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**8. How will duplication of services be prevented?**

### 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.**

It's based off of the girls I deal with and any that they think can benefit. Approximately 25

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**2. List any eligibility requirements the program has with respect to age, gender, income, or residence.****3. If this is a continuing activity, describe a measurable outcome of the previous year's work regardless of funding source.****4. If this is a new program describe two anticipated measurable outcomes for the proposed program.**

### 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.****5. Briefly summarize project revenues and expenses related to this request. This should coincide with the budget worksheet.****6. If this request is not fully funded, what adjustments to the program/project is the organization prepared to make?**

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

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

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

**REQUESTED BUDGET WORKSHEET**

**Revenue Source Projections**

List all Estimated Funding for this Program/Project

\* **Proposed City ARPA Funding**

**Internal/Self-Funding**

12000

3000

**Donations/Other Fundraising**

**Government Grants/Other**

\* **TOTAL REVENUE**

1500

**Expenses Projections**

List all Estimated Expenses for this Program/Project

**Salaries/Wages**

**Amount Requested from City**

**Amount from Other Sources**

**Total Estimated Expenses**

**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

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### Marketing

Amount Requested from City

Amount from Other Sources

Total Estimated Expenses

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### Supplies

Amount Requested from City

Amount from Other Sources

Total Estimated Expenses

---

### Other

Amount Requested from City

Amount from Other Sources

Total Estimated Expenses

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### Total Expenses

**\* Amount Requested from City**

**\* Amount from Other Sources**

**\* Total Estimated Expenses**

12000

13000

25000

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.

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

To empower youth girls to become all that they dream of becoming

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

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### 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.**

A lot of things that we tried to do was made almost impossible because of cost. Most of the girl's are from single family homes and quite a few lost there jobs so the parents could not provide the basics. I had to use money out of pocket for the college visits, travel expenses and food.

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

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

**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

of the authorizing resolution or meeting minutes using the file upload.

**\* Signature**

**\* Date**

Yolonda steele

10/26/2021

Authorized representative of Applicant/Organization

Format: MM/DD/YYYY

**\* PRINTED NAME:**

Yolonda Steele

**\* TITLE OF APPLICANT:**

Founder

**\* ORGANIZATION NAME:**

SMP

**Upload a File**

No file chosen