ARPA Fund: Community Organization Application

Submission Deadline: December 9, 2022

Application Maximum number of pages (excluding appendix) - 10 Page Maximum

Application must be typed

ORGANIZATIONAL INFORMATION							
FULL LEGAL ORGANIZATION NAME							
YEAR ESTABLISHED				504 (6)(0)			
YEAK ESTABLISHED				501 (C)(3)			
				YES	NO	IF Ye	s, EIN
TOTAL ORGANIZATIONAL BUDGET							
				IF NO PRO	OVIDE BUS	SINESS INF	ORMATION
PHYSICAL ADDRESS				11 110,1110	OVIDE BOC	T .	IN
						BUSINESS	LICENSE,
MAILING ADDRESS				IF APPLIC	ABLE		
WALLING ADDITION				NO OUTS	TANDING T	AXES (EXC	LUDING
				NO OUTSTANDING TAXES (EXCLUDING 2022 PROPERTY TAXES)			
				YES		NO	
WEBSITE				. =0	PH(ONE	
EXECUTIVE DIRECTOR and / or PROGRAM CONTACT	DEDSON				TI	TLE	
EXECUTIVE DIRECTOR and 7 of PROGRAM CONTACT	FERSON				- 11	ILC	
EMAIL ADDRESS					PH	ONE	
ADDITIONAL POINT OF CONTACT NAME					TI	TLE	
EMAIL ADDRESS					PH	ONE	
LIMAL ADDITEOU					111	ONE	
		_					
TOTAL NUMBER OF THE FOLLOWING:							
BOARD MEMBERS	T	_					
MANAGEMENT STAFF							
FULL TIME STAFF							
PART TIME STAFF							
VOLUNTEERS							
	_	_	_	_	_		_
FOCUS AREA	Food	Housing	Medical Services	Agency Services	Childcare	Senior Adult Care	Other
Choose All That Apply			Services	Services		and	Services
						Services	35,7,000

DEMONSTRATION OF COMMUNITY NEED
Describe the need in Lake Havasu City that your proposal is designed to meet:
Describe how your proposal responds to and meets the need identified:
Describe new year proposar responds to and mosts the need facilities.

Describe how your organization or the population your proposal serves has been negatively impacted by COVID-19. In the categories of response to public health and/or economic impact:
SUSTAINABILITY
Describe how your proposal will be sustained after the grant period:
Describe how your proposal will be sustained after the grant period:
Describe how your proposal will be sustained after the grant period:
Describe how your proposal will be sustained after the grant period:
Describe how your proposal will be sustained after the grant period:
Describe how your proposal will be sustained after the grant period:
Describe how your proposal will be sustained after the grant period:
Describe how your proposal will be sustained after the grant period:
Describe how your proposal will be sustained after the grant period:
Describe how your proposal will be sustained after the grant period:
Describe how your proposal will be sustained after the grant period:
Describe how your proposal will be sustained after the grant period:
Describe how your proposal will be sustained after the grant period:
Describe how your proposal will be sustained after the grant period:

Identify any donors (may be in-kind) or sources of funds that can leverage the awarded grant funds and help ensure that the proposal is sustainable beyond the grant period:
List all support your proposal has from community organizations, included but not limited to local chambers of commerce, non-profits, businesses, or faith-based organizations:

PROGRAM EVALUATION
Describe the proposal's measurable goals, performance benchmarks, and desired outcomes:
Describe the geographic distribution of the proposal's services:

Describe the proposal's cost compared to the number of people to be served:	
Describe how your proposal will be effective at improving and/or addressing the community's needs:	

Describe how you will use data to g	uide decision-making and measure effectiveness of the proposal:	
ORGANIZATION AND BUDGET		
Describe your organization, when it	was founded, its mission, and vision:	
Describe your organization, when it	was founded, its mission, and vision:	
Describe your organization, when it	was founded, its mission, and vision:	
Describe your organization, when it	was founded, its mission, and vision:	
Describe your organization, when it	was founded, its mission, and vision:	
Describe your organization, when it	was founded, its mission, and vision:	
Describe your organization, when it	was founded, its mission, and vision:	
Describe your organization, when it	was founded, its mission, and vision:	
Describe your organization, when it	was founded, its mission, and vision:	
Describe your organization, when it	was founded, its mission, and vision:	
Describe your organization, when it	was founded, its mission, and vision:	
Describe your organization, when it	was founded, its mission, and vision:	
Describe your organization, when it	was founded, its mission, and vision:	
Describe your organization, when it	was founded, its mission, and vision:	
Describe your organization, when it	was founded, its mission, and vision:	
Describe your organization, when it	was founded, its mission, and vision:	
Describe your organization, when it	was founded, its mission, and vision:	
Describe your organization, when it	was founded, its mission, and vision:	
Describe your organization, when it	was founded, its mission, and vision:	
Describe your organization, when it	was founded, its mission, and vision:	
Describe your organization, when it	was founded, its mission, and vision:	
Describe your organization, when it	was founded, its mission, and vision:	

escribe and support with details the capability of your organization's leadership, employees, and/or board/management:
escribe how your organization is financially stable and what systems you have in place for effective oversight:

PARTNERSHIPS, COORDINATION, AND INNOVATION
Describe how your proposal supports innovative and locally driven solutions to respond to the impact of the COVID-19 pandemic:
Describe how your proposal will coordinate or collaborate with specific organizations in the same or related fields: *Attach No more than 3 letters of support, recommendation, or memorandums of understanding.
Attach No more than 3 letters of support, recommendation, or memorandums of understanding.

Describe how residents:	your proposal is fundamentally dif	fferent from other activities alread	y occurring to assist and	d support Lake Havasu City
residents.				
CONCLUSIO	N			
APPENDIX				
FILE NAME		DESCRIPTION		
List Appendix I	ncluded. Examples: letters of recomm		norandum of understandir	g with others, brochures, flyers.
Example:	Letter of Recommendation from Co	orp XYZ		
*Attach No mo	re than 3 letters of support			
Attach NO IIIC	re than 5 letters of support			
	Final Check List:			
1)	Electronically Submit by Deadline		Deadline Submittal	cityclerk@lhcaz.gov
2)	Completely Fill out Application		December 9, 2022	
3)	Include any additonal Information			
4)	Application Naming Convention: Yo	our Organization - CRC, e.g. LHCORG	- CRC	