ARPA Funding: Housing & Community-Based Facilities – Grant Application - GENERAL INFO

- 1. Organization Name:
- 2. Organization Physical Location:
- 3. Organization Mailing Address (if different than physical location):
- 4. Application Point of Contact (Name, Email, Phone #):
- 5. What is your provider type? (You may select more than one if applicable):

PROJECT-SPECIFIC INFORMATION

- 1. Project Name:
- 2. Describe the problem this funding will help address:

3. Total Funding Request (\$):

4. Project Budget (a basic template is below for reference; if you have used your own project budget template please attach to your application):

Expense Type

Total Anticipated Cost

Staff Time Notes

Materials Notes

Contractor/Labor Notes

Other Notes

- 5. What date do you expect this project to begin?
- 6. What date do you expect this project to be complete?

- 7. Which ARPA funding goals does this project contribute to achieving? (You may select more than one option). Make existing housing and community-based service facilities providing mental healthservices more
 - 1. accessible,
 - 2. safe,
 - 3. compliant with ADA, OR
 - 4. Expand capacity in community settings, in a way that will not require additional State funds for operating costs in future years
- 8. Who do you intend for this project to benefit? About how many people (general estimate) do you think will benefit from this project?

- 9. What are the desired outcomes of this project? In your response, consider the following factors:
 - 1. How this project will help you more effectively work with people across diverse needs and backgrounds
 - 2. How this project will help you ensure health and safety for people you work with and staff
 - 3. How this project will improve the quality of programming or of the program environment

- 10. Which of the following State of Vermont priorities does your project help achieve? (You may select more than one option)
 - Support or sustain community alternatives to emergency room care
 - Support or sustain peer supports and peer-directed programming
 - Integrate physical and mental health care
 - Improve the experience of programs and/or quality of the environment
 - Eliminate barriers to accessibility to meet the needs of all people
 - Increase general operating capacity of service providers so that organizations can better support their employees and sustain workforce capacity
- 11. You will be asked to report three performance measures at the end of the project. Two of these are written below. Please tell us the third measure that you will report to determine how the project has met your goals.
 - 1. A narrative description of how funded project(s) have had an impact in your organization.
 - 2. % of funded project(s) that were completed.
 - 3.

- 12. Does your organization have the capability to submit monthly invoices that detail the work completed on the project during each month?
 - 1.) Yes 2.) No
- 13. Is there anything else you would like to share about this project? For example, a story that speaks to the importance of this project for your organization.

- 14. If this proposal is not fully funded, would you like the Agency of Human Services (AHS) to consider the proposal for other grant opportunities? Additional grant opportunities may become available in the future and AHS will contact you about how to apply if you select yes.
 - 1. Yes
 - 2. No