



Rockingham County American Rescue Plan Act (ARPA) Nonprofit Assistance Program (Treasury Expenditure Category 2.34)

Program Description

The purpose of the Rockingham County Nonprofit Assistance Program is to support those Rockingham County nonprofit organizations that have incurred negative financial impacts due to the COVID-19 pandemic. Negative financial impacts include a reduction in revenues/funding, business disruption or closure, event cancellation, increase in operating costs related to implementing COVID-19 prevention and/or mitigation measures or other cost increases related to the pandemic, and/or other similar circumstances during the pandemic that created an economic hardship. A preference shall be given to providing assistance to Rockingham County nonprofits that received little or no State of New Hampshire “Main Street” or federal Payroll Protection Program funds.

The Board of County Commissioners has approved the allocation of \$501,000 of its State and Local Fiscal Recovery Funds (SLFRF) awarded by the federal government as part of ARPA towards this Nonprofit Assistance Program. The allocation of program funds, made available under U.S. Treasury Expenditure Category 2.34, *Aid to Nonprofit Organizations*, will be evenly distributed amongst the three Commissioner districts of Rockingham County. The program will provide assistance in the form of grants between \$1,000 and \$25,000.

If an applicant believes that an award greater than \$25,000 is warranted, it can appeal to the County Commissioners for such an amount, based upon the following:

1. Severity of negative economic impact due to the COVID public health emergency
2. The importance of the applicant’s organization to the residents of Rockingham County
3. The significance of mitigation actions taken by the applicant during the COVID pandemic for which no prior reimbursement funding from the federal or State government was received
4. Other relevant factors

Funding requests exceeding \$25,000 must be accompanied by sufficient additional justification and documentation for the higher requested amount to be considered by the Commissioners.

Application submission is required for Rockingham County staff to make a determination regarding applicant eligibility. Incomplete applications will not be considered as eligible submissions for financial assistance. An eligible nonprofit organization must be headquartered in Rockingham County or maintain a physical presence/chapter in the County to be considered for a financial award.

Submission of the application does not guarantee approval of the application or an award of funds. Ultimate approval of a financial award will be by majority vote of the County Commissioners held at a regularly scheduled Board of Commissioners meeting.



Rockingham County Nonprofit Assistance Program Funding Application

Application must be completed in full to be considered.

Submit complete application and any supporting information electronically to
cnickerson@co.rockingham.nh.us and aguittarr@co.rockingham.nh.us -or-
Mail – Rockingham County Finance Office, 119 North Road, Brentwood, NH 03833

Electronic submissions cannot exceed 10 MB in size.

GENERAL INFORMATION

1. Nonprofit Legal Name:

2. "Doing Business As" Name, if different than Nonprofit Legal Name:

3. Nonprofit Address (Street, City, State, Zip Code)

4. Tax Identification Number (EIN): _____

5. If applicable: DUNS number: _____

6. Organization's website: _____

7. Organization's History:

8. Organization's Goals/Mission/Objectives:



13. What will the financial assistance be utilized for? (Check all that apply)

- Payroll Costs, including paid sick leave
- Rent / Mortgage
- Debt Service
- Utilities
- Offset decrease in revenues/fundraising
- Maintenance Expenses
- Construction of Outdoor Seating
- Supplies
- Providing services that are part of the organization's goals/mission/objectives
- Other: please specify

14. How would this grant be used to strengthen the organization, address issues, make improvements, and/or achieve success? Would there be any specific measurables that could be utilized to track progress?

15. Did the nonprofit organization receive a loan as part of the Paycheck Protection Program (PPP) at any time in 2020 or 2021?

- No
- Yes
If Yes: How much did you receive? \$ _____
PPP Loan Number(s): _____

16. Did the nonprofit organization receive a loan as part of the State of New Hampshire's Main Street Lending Program at any time in 2020 or 2021?

- No
- Yes
If Yes: How much did you receive? \$ _____
Loan Number(s): _____



17. Does the nonprofit organization have affiliates?

- No
- Yes

6.(a) If yes, how many affiliates does the Applicant have?

6.(b) Please list each affiliate's legal business name (attach extra sheet if necessary):

18. Is the applicant operating under a franchise, license, or similar agreement?

- No
- Yes

19. Is the nonprofit organization presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any State or Federal department or agency?

- No
- Yes

20. What date did the nonprofit organization begin operations? (Month, Day, Year)

Grant funds cannot be utilized to offset the following costs:

1. Workforce bonuses other than hazard pay or overtime
2. Severance pay
3. Legal settlements
4. Damages covered by insurance
5. Property taxes
6. Personal activities/services that are unrelated to COVID-19

THE APPLICANT CERTIFIES TO THE BEST OF ITS KNOWLEDGE:

1. The information submitted to the County of Rockingham ("the County") in this application, and substantially in connection with this application, is true and correct.
2. The applicant is in compliance with applicable laws, regulations, ordinances and orders.
3. The applicant is not in default under the terms and conditions of any grant agreements.
4. Any grant funds received from the County will not be re-granted to a different entity.



5. Any grant funds received from the County will not be used to reimburse expenses for which the entity is already receiving funds under a federal program.

THE APPLICANT ACKNOWLEDGES:

1. This application and other materials, or specific portions thereof, submitted to the County may constitute public records subject to disclosure under New Hampshire's Right to Know Law (RSA 91-A). The applicant may mark documents "confidential" as applicable if they contain sensitive information. Commercial, financial, confidential information (i.e. Tax Identification Numbers) and any other "exempt" information will not be part of the public record as applicable under the provisions of NH RSA 91-A.
2. Submitting false or misleading information in connection with an application may result in the applicant being found ineligible for financial assistance under this program, and the applicant or its representative may be subject to civil and/or criminal prosecution.

Signature of Authorized Representative of Applicant

Date

Printed Name: _____

Title of Authorized Representative: _____

Business Phone: _____

Email Address: _____

(If none, we will mail correspondence to the business' mailing address)

Please include the following attachments with the application:

- Evidence of the nonprofit organization's 501(c)(3) tax status
- Comparative financial statements that support/show how your organization was impacted by COVID-19
- Listing of current Board of Trustees
- Most recent Annual report
- An itemized budget for the use of requested funding
- A sign W-9 form