



**East St. Louis
Non-Profit Recovery Application
(ARP Grant Funding)**

City of East Saint Louis
Office of Economic & Community Development
301 Riverpark Drive
East Saint Louis, IL 62201
Phone: 618-482-6659

Program Description:

To provide non-profit agencies in the City of East Saint Louis who are independent entities with economic relief due to losses that occurred as a direct result of the Pandemic.

Who is Eligible?

Non-profit Agencies who are operating as 501c3's and were operable prior to March 2020 (must still be in operation) in the City of East Saint Louis.

Application Process:

Applications are available to any Non-profit Agency, who is located within the City of East St Louis (must show proof of physical address), and who has a demonstrated economic loss as a direct result of the Pandemic.

- (1) Agencies can obtain an application from the Office of Economic and Community Development.
- (2) The Application Packet will contain all requested items and the application must be completed in its entirety.
- (3) The applicant must return the application to the Office of Economic and Community Development.
- (4) Upon receipt of the application and other supporting materials, staff, in partnership with the ARPA Oversight Panel, will make a final determination on recommendation to the City Council for the approval of the application.

Technical Assistance Meetings:

Technical assistance meetings for non-profit agencies desiring to ask questions regarding the application are welcome to attend one of the two sessions on Tuesday, May 10, 2022 at 10A.M. or 5 P.M. at East Saint Louis City Hall, Council Chambers, 301 Riverpark Drive, East Saint Louis, IL 62201. **ATTENDANCE IS NOT NECESSARY TO APPLY FOR GRANT.**

Application Deadline:

Applications will be accepted for a period of six (6) weeks from Monday, April 25, 2022 to Friday, June 3, 2022. There will be a 45-day review period. Agencies can expect to receive an approval or denial letter on or after July 18, 2022.

Approval Process:

After review, the agency will receive a letter of notification as to the status of the submitted application. If approved, the agency will be notified of next steps. The agency will be responsible for ensuring all necessary documentation is provided to the city at the time the application is submitted.



EAST SAINT LOUIS ARP NONPROFIT RECOVERY APPLICATION

Background Information

Date: _____

Application Number _____
(office use only)

Applicant Information

Agency Name _____

501c3 Information _____

Year Incorporated _____ Where _____ Years Operating in East St. Louis: _____

Are You Registered with The City of East Saint Louis? YES NO

Business License Number _____

Contact Person/Title _____

Agency Address _____

Office _____ Alternate Phone _____

Email _____

Tax ID: _____ DUNS Number: _____

(Do NOT skip questions. Answer each question completely. If a question does not apply please write N/A.)

Amount Being Requested: \$ _____

Checklist of Required Documents

- Narrative data on Agency/Applicant
- Articles of Incorporation and By-Laws
- State and Federal Tax Exemption Determination Letters
- Proof Non-Profit was in operations prior to March 2020
- 2019, 2020, & 2021 VERIFIED IRS 990
- Certificate of Good Standing as of March 2020
- Proof of Authorization to operate said agency in the City of East Saint Louis (Business License- 2020 and 2022)
- Completed Application
- Any additional documentation for consideration to show Economic Loss Impact

A. Narrative Data of Agency

Agency must provide the following with the application:

1. **Narrative: Attach a brief description of the your agency.**
Be sure to fully answer each question listed below. Do not skip questions.

Please provide a narrative of the need or problem your agency addresses. Please note the impact your organization has on the East Saint Louis Community (Please include the number of people served, scope of services, etc. Please include any documentation you may have as proof).

B. Economic Loss Impact

2. Please explain in detail the economic loss impact suffered by your agency due to the Pandemic (attach any additional documentation you may have as proof):

B. Future Plans

2. If approved, please explain in detail how these funds will be used (attach any additional documentation you may have as proof):

3. What are the goals and objectives, method of approach, and the implementation schedule (based on the answer to question 2)?

4. Describe how the plans will be evaluated/ monitored for compliance by your agency for success:

C. Personnel

5. **Describe the agency's existing staff positions**

D. Financial

6. **Describe the agency's fiscal management process including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements.**

Certification by Agency/Applicant

The applicant certifies that it will comply with all the rules, regulations and ordinances of the City of East St. Louis. Applicant hereby certifies that all information contained above and in exhibits attached hereto is true to his/her best knowledge and belief and are submitted for the purpose of obtaining financial assistance from the City of East St. Louis, Illinois.

Agency/Applicant_____

Contact Name/Title_____

Phone_____

Name of Person Completing the Application _____

Signature _____

Date_____

Return application to (may drop off in-person or by mail; DO NOT EMAIL COMPLETED APPLICATION):

**City of East St. Louis
Office of Economic and Community Development
301 River Park Drive
East St. Louis, IL 62201
Phone (618) 482-6659
Fax (618) 482-6720**

For more information please contact:

Shaneal Clayborne, Director of Economic and Community Development

sclayborne@cesl.us

618-482-6659

AUTHORIZED RELEASE OF
INFORMATION FORM

*** * *Authorization for Credit Check * * ***

I/We hereby Authorize the Release of any information, to the City of East St. Louis Office of Economic and Community Development, that they may require at any time and for any purpose, related to my/our credit transaction with them.

I/ We hereby authorize the City of East St. Louis to release such information to any entity they deem necessary for any purpose related to my/our credit transaction with them.

I/We hereby certify that the enclosed information, including any Attachments or Exhibits provided herewithin or at a later date, is valid and correct to the best of my/our knowledge.

Name of Firm _____

Name of Applicant: _____ **Title of Applicant** _____

Signature of Applicant: _____ **Date** _____

DISCLOSURE AFFIDAVIT

(Non-Profit)

STATE OF ILLINOIS

COUNTY OF ST. CLAIR

The undersigned Agency certifies that he/she and no person or agent in their employ or under their control, including spouse and family members or anyone representing such persons has been approached by any City elected or appointed official or City employee or anyone representing the City of East St. Louis or representing any City Officer or employee suggesting, implying, advising or recommending that a payment or other inducement was required, necessary, or would be helpful in expediting, facilitating or assuring approval or favorable treatment of the subject contract or agreement.

The undersigned further certifies that he/she and no person or agent in their employ or under their control, including spouse and family members or anyone representing such persons has paid, promised to pay or intends to pay any City elected or appointed official or City employee or anyone representing the City of East St. Louis or representing any City Officer or employee as an inducement (financial or material) with the intent to acquire favorable treatment or otherwise improperly influence the performance or actions of the City, City Official or City employee.

The undersigned further certifies that there are no special or side agreements, written or unwritten, where any City elected or appointed official or other City employee or representative of such person(s) would personally benefit by the approval of the subject contract.

The undersigned further agrees as a condition of approval of the subject contract, that in the event that he/she or any person or agent in their employ or under their control, including spouse and family members or anyone representing such persons is in the future approached by any City elected or appointed official or City employee or anyone representing the City of East St. Louis or representing any City Officer or employee suggesting, implying, advising or recommending that a payment or other inducement was required, necessary or would be helpful in expediting, facilitating or assuring approval or favorable treatment of the contract and project, such action shall be reported within 24 hours to the local States Attorney's Office and the East St. Louis Financial Advisory Authority.

Agency Owner's Name: _____ Title: _____

Subscribed and sworn to before me this _____ day of _____, 2022

NOTARY PUBLIC

MY COMMISSION EXPIRES