ARPA Request for Assistance

Pursuant to the American Rescue Plan Act (ARPA) and the Coronavirus State and Local Fiscal Recovery Funds (CSLFRF) for Loans, Grants or In-Kind Assistance Provisions, Seward County is currently accepting applications from cities, villages, and partner agencies.

The application process will remain open until funding is depleted. **NOT ALL APPLICATIONS WILL BE APPROVED.**

**Please note: ARPA funding is a one-time funding source to the county.**

# For assistance with this application, contact:

**Misty Ahmic**

# County Commissioner, District 1

# mahmic@sewardcountyne.gov

# 402.641.1695

Original Release Date: 16th day November 2021

Updated: 16th day, May 2022

**Funding Application Process:**

1. Project Development
2. Application Submission
3. Appear before the Seward County Board of Commissioners
4. If funding is approved, Contract Agreement Sent
5. Funding Disbursement/Claims
6. Reporting

**Please attach the following supporting documents to this application:**

1. Detailed Budget
2. Project Outline
3. Any Relevant Bids, Proposals, etc.
4. Additional Supporting Documents

|  |
| --- |
| **REQUESTOR INFORMATION** |
| **Name of City, Village, or Partner Agency:** | Click or tap here to enter text. |
| **Requestor Name & Title:** | Click or tap here to enter text. |
| **DUNS Number (required):** | Click or tap here to enter text. |
| **Total ARPA Funds your organization is receiving:** | **$**Click or tap here to enter text. |
| **Authorized Contact:** | Click or tap here to enter text. |
| **Authorized Contact Title:** | Click or tap here to enter text. |
| **Authorize Contact Address:** | Click or tap here to enter text. |
| **Authorized Contact Email:** | Click or tap here to enter text. |
| **Authorized Phone:** | Click or tap here to enter text. |
|  **Legal Counsel (if applicable):** | Click or tap here to enter text. |
| **Legal Counsel Email:**  | Click or tap here to enter text. |
| **Legal Counsel Phone:** | Click or tap here to enter text. |

**TYPE OF ASSISTANCE (Identify Type of Assistance Requested and Amount)**

[ ]  **Water and Sewer Infrastructure** $Click or tap here to enter text.

 [ ]  **Other Services (Describe)**Click or tap here to enter text. **$**Click or tap here to enter text.

|  |  |
| --- | --- |
| *(To be filled out by County)***Requested Timeframe for Assistance:** |  |
| **Approved/Denied:** |  |
| **Amount Approved:** |  |

**BUDGET SUMMARY**

**Identify basis of need to your organization (please take as much space as needed):**

Click or tap here to enter text.

|  |  |
| --- | --- |
| How much is your city/village/organization investing in this project and what is the source of those funds: | Click or tap here to enter text. |
| Do you have any additional funding you plan to invest? This includes ARPA funds from other municipalities, counties, or the state, CDBDG funds, SRF funds, or other grants. Please describe: | Click or tap here to enter text. |
| When do you expect to begin and complete expending funds: | Click or tap here to enter text. |
| Cite the specific language in the American Rescue Plan Act that supports your request for funds, and why you feel that your request fits ARPA requirements **(please do not use reporting categories):** | Click or tap here to enter text. |
| Explain in detail how funds from the county will be applied towards your project: | Click or tap here to enter text. |
| What impact will this have on your city/village/organization: | Click or tap here to enter text. |
| How will you measure the success of this project: | Click or tap here to enter text. |

BIDDING
Requestor: Click or tap here to enter text.
Project: Click or tap here to enter text.

Please check which option applies to the project for which you are requesting funding.

Pursuant to *Neb. Rev. Stat.* §23-3108 et. seq.:

[ ]  The estimated value of property or services is less than ten thousand dollars; therefore, the property or services may be purchased on the open market.

[ ]  The estimated value of the property or services is equal to or exceeds ten thousand dollars, but is less than fifty thousand dollars; therefore, three informal bids have been secured and recorded as listed below (check to denote accepted bid):

|  |  |  |
| --- | --- | --- |
| **Bid Source:** | **Bid Amount:** | **Accepted Bid** |
| 1. Click or tap here to enter text. | $Click or tap here to enter text.  |[ ]
| 2. Click or tap here to enter text. | $Click or tap here to enter text.  |[ ]
| 3. Click or tap here to enter text. | $Click or tap here to enter text. |[ ]
| Date of meeting at which the bid was accepted: Click or tap to enter a date. |

[ ]  The estimated value of the property or services is fifty thousand dollars or more and the competitive sealed bidding process prescribed in *Neb. Rev. Stat.* §23-3111 has been completed. Bids are listed below (check to denote accepted bid):

|  |  |  |
| --- | --- | --- |
| **Bid Source:** | **Bid Amount:** | **Accepted Bid** |
| 1. Click or tap here to enter text. |   |[ ]
| 2. Click or tap here to enter text. | $Click or tap here to enter text. |[ ]
| 3. Click or tap here to enter text. | $Click or tap here to enter text. |[ ]
| 4. Click or tap here to enter text. | $Click or tap here to enter text. |[ ]
| 5. Click or tap here to enter text. | $Click or tap here to enter text. |[ ]
| Date of meeting at which the bid was accepted: Click or tap to enter a date. |

[ ]  Competitive bidding is not required because one of the following exceptions exists. The property or services:

[ ]  are unique or noncompetitive items;
 [ ]  are petroleum products;
 [ ]  are professional services or equipment maintenance;
 [ ]  have a price that has been established as outlined in *Neb. Rev. Stat.* §23-3109.

If you believe one of the above exceptions exists, please provide specifics below:
Click or tap here to enter text.

|  |
| --- |
| **Do you have any additional information to add?** Click or tap here to enter text. |
| **Signature of Authorized Representative:** | **I certify that the information in this Grant Application is true and correct to the best of my knowledge:****Signed:** |
|  | **Date:** Click or tap here to enter text. |

**Please submit your application in one of the following ways:**

* Email it to Sherry Schweitzer, Seward County Clerk at sschweitzer@sewardcountyne.gov.
* Mail in the US Mail to:

Seward County Clerk

529 Seward St, Room 205

Seward, NE 68434

* Drop it off to the Seward County Clerk’s Office

**After application is submitted you will be required to make a formal request before the Board of Commissioners. Meetings commence every Tuesday at 9:00 AM at third floor of the courthouse. To place an item on the Board of Commissioners agenda, an Agenda Item Request form must be completed and submitted to the Seward County Clerk. The form can be found by clicking** [**here.**](https://www.countyofsewardne.com/_files/ugd/da3284_77dfc33a7dd54403a3703e8261467878.pdf)

**Applications that are not complete or do not follow the bid process will be denied.**