



For Official Use: Date application was submitted: _____

ARPA Non-Profit Assistance Program (NAP)

Criminal Justice Planning Agency

I. Organization Information

Organization Legal Name: .					
Month and Year Organization was Established:					
Address:	Street Address	Street Address Line 2	City	State/Province	Postal /Zip Code
Phone Number	Cell Phone	Office Phone	Email:		
			Website:		

II. Application Point of Contact Information

Name: .			
First		Last	
Title: .			
Phone Number	Cell Phone	Office Phone	
			Email:
Attachment Checklist: Required in order to be considered: <ul style="list-style-type: none"> ○ Copy of your organization's current Board of Directors list ○ Project Proposal using suggested format ○ Copy of your organization's official notice of tax-exempt status ○ Valid & current Articles of Incorporation recorded with Territorial Registrar 			

III. Organizational Tax Status

Is your organization a 501(c) (3) or 501(c)(19) nonprofit organization with a valid EIN from the IRS?

If yes, please answer the following questions and provide the following attachments.

EIN (XX-XXXXXXX): _____

___ A copy of your organization's official notice of tax-exempt status (proof of approval from IRS)

___ A current list of your organization's Board of Directors and their respective titles
(President/Chairman, etc.)

___ Attach a copy of Official Articles of Incorporation filed with the Territorial Registrar

IV. Organizational Review

Provide the number of employees and volunteers working for your organization on a daily basis: _____

Project Proposal:

(Please submit your proposal in the format below)

A. Project Title

B. Project Description

Describe your nonprofit organization:

- Primary duties
- Services and programs offered to the community
- Average number of people served
- Highlights and accomplishments

Describe and elaborate on any and all impacts sustained by your organization as a result of COVID-19 pandemic as well as the public health emergency declarations. (Please provide supporting information. Examples listed below.)

- Decreased revenue (ex.: from donations & fees)
- Financial insecurity
- Increased costs
- Capacity to weather financial hardship
- Challenges covering overhead and operating expenses

C. Anticipated Outcomes

Identify and describe your proposed solution to remedy the harm or satisfy the need of the organization. Elaborate, justify, and provide any supporting data.

- Scope of work
- Systematic implementation of plan
- Specified timeline
- Proposed itemized budget
 - Overhead costs: rent (of a facility if any), utilities, internet services, etc. (Please be advised that there needs to be verifiable proof of said overhead costs. For example, a current and valid lease agreement of property rental, a utility bill and/or internet bill all of which must state the name of the Nonprofit organization or both the named Head/President/Founder and Non-Profit organization.
 - Operational costs: supplies, equipment, rentals (as seen fit by CJPA. Ex: tent rentals for non-profit fundraisers, program & community activities, etc.); freight & shipping costs, etc. (All operational costs must be presented with proper and sufficient documentation to prove dollar amount.)

(Attach the proposal as a separate document with this application.)

IV. Application Declaration

By signing this application, you confirm that to the best of your knowledge, the statements in this application are complete, accurate and true.

Signature: _____

Date: _____

[Printed name: _____]