



American Rescue Plan Act (ARPA): APPLICATION

THIS SECTION COMPLETED IS TO BE COMPLETED BY STAFF OF THE CITY OF DOUGLAS

Date Application Received: _____ Time Received: _____

Processing Number# _____ Staff: _____

To address the adverse impacts of the Coronavirus, the City of Douglas is offering utility credit grants and monetary grants via the American Rescue Plan Act (ARPA) funds to assist individuals, nonprofits, businesses, and tourism related entities. **The hardship must be proven to occur during the time period of January 1, 2020 through December 31, 2020.**

RULES AND REQUIREMENTS:

- Application should only be submitted by a resident or properly authorized agent of the organization.
- Applicant must resident and/or own a business in city limits of Douglas.
- The recipient will be required to certify that the City's assistance is not duplicative of any other COVID-19 relief related funding, such as PPP, EIDL, and other.
- Due to the anticipated high volume of applications, we ask that once you drop off your application that you **DO NOT CALL, EMAIL, OR MAKE OFFICE VISITS** to our office. We will notify you at the time you bring your application to our office if additional information is needed or we will give you a call. We ask this out of respect so that staff will have time to process each application, with the needed attention to move forward in the process.
- Other rules, along with a check list, is listed on each section of the application.

AWARDS

Award amount will be based on:

- Grants are approved based on either residency or date of operation for nonprofits, businesses, and tourism entities during the period of January 1, 2020 through December 31, 2020.
- After the solicitation period, the number of eligible applications will be granted based on the first-come, first-approved, and availability of funds process.
- Only the authorized person, who signed on the application, can pick up any disbursed checks.

Recipient's Responsibilities

- Recipients of monetary grant awards must sign the application.
- Applicants are encouraged to keep a copy of the application for their records as documents will not be returned and will become an official record of the City of Douglas. **Only one application per individual, per nonprofit, per business, per tourism related.**
- Approved applicants must provide proof of ID when pickup up checks. Any checks not collected by December 22, 2021 will go in the mail on December 23, 2021.



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- Other rules, along with a check list, is listed on each section of the application.

SUBMISSION (Application Period – November 23, 2021 – December 3, 2021)

DEADLINE TO SUBMIT APPLICATION IS 5:00 p.m., DECEMBER 3, 2021.

- To be considered for these grants, applicant must complete all applicable sections of the application and submit a copy of all required documents.
- **Your application along with supporting documents MUST be dropped off to the office of Community Development, located inside the historic Ashley-Slater House, 211 Gaskin Avenue S., Douglas, Georgia.**
- If all documents are not included, your application will not be accepted until all information is submitted. **Completed application MUST BE DELIVERED, IN PERSON, to the Community Development Department, located at 211 S. Gaskin Avenue, (inside the historic Ashley-Slater House), Douglas, Georgia.** Applications will be processed on a first come – first reviewed and approved process.
- Once all documentation has been submitted and the application accepted, the City will give you a copy of the front page of the application, which will include your application number.

FRAUD & REPAYMENT

- Applicants are advised that making false statements, concealing information, submitting altered documents, utilizing funds for ineligible purposes, or similar actions are considered fraudulent and may result in repayment of the grant award or other legal action.

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INDIVIDUAL (RESIDENTIAL) APPLICATION

(Complete only if you meet individual requirements)

Individuals Eligibility & Required Document Checklist

- Must have resided in the city limits of Douglas sometime between January 1, 2020 – December 31, 2020.
- Must include social security number on application along with a copy of valid ID.
- If applying for Surviving Spouse Funds, you must provide a copy of Marriage and Death Certificates. Death certificate must state cause of death due to COVID-19.
- If applying for the FULLY Vaccinated funds, you must provide a copy of your fully vaccinated card along with application.
- If applying for the Long-suffering (under doctor’s care 90 – 179 days), you must provide a verification letter by your primary care physician and caring facility along with application.
- If applying for the Long-suffering (under doctor’s care 180 days or more), you must provide a verification letter by your primary care physician and caring facility along with application.

Name: _____

Address: _____

(Street Address of Residence Only – NO POST OFFICE BOX. Applicant must have lived at this address, within the city of Douglas, between January 1, 2020 – December 31, 2020.)

City	State	Zip Code
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Social Security Number # _____

Best Contact Telephone: _____ Email Address: _____

ADDITIONAL ORGANIZATION INFORMATION

- 1) When did you start living at this residential address? _____
- 2) Is this address your current and primary place of living? Circle YES or NO
- 3) Did your spouse die as a result of COVID-19? Circle YES or NO
If you answered yes, please include a copy of a marriage certificate and death certificate with this application.
- 4) Have you been fully vaccinated for COVID-19? Circle YES or NO
If you answered yes, a copy of your vaccination card must be submitted with your application.
- 5) Did you experience COVID-19 related long-suffering illness that caused you to be under the doctor’s care for 90 - 179 days? Circle YES or NO
If you answered yes, you must provide a verification letter from your primary doctor or caring facility.
- 6) Did you experience COVID-19 related long-suffering illness that caused you to be under the doctor’s care for 180 days or more? Circle YES or NO



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If you answered yes, you must provide a verification letter from your primary doctor or caring facility.

CERTIFICATIONS & ACKNOWLEDGEMENTS (Initial next to each asterisk)

Certify* I certify that this American Rescue Plan assistance is not duplicative of other public or private funding received.

Certify* I certify that this American Rescue Plan assistance will be used to provide services which address adverse impacts of Coronavirus.

Acknowledge* I understand that making false statements, concealing information, submitting altered documents, utilizing funds for ineligible purposes, or similar actions are considered fraudulent and may result in repayment of the grant award or other legal action. I also understand that failure to submit timely and adequate documentation may result in repayment of funds received.

AFFIDAVIT AND AUTHORIZED SIGNATURE

The United States of America has the right to seek judicial enforcement of the terms of this assurances document and nothing in this document alters or limits the federal enforcement measures that the United States may take in order to address violations of this document or applicable federal law.

Under penalty of perjury, the undersigned official(s) certifies that official(s) has read and understood the Recipient’s obligations as herein described, that any information submitted in conjunction with this assurances document is accurate and complete, and that the Recipient is in compliance with the aforementioned nondiscrimination requirements.

By signing and submitting this document, I attest that I have thoroughly reviewed the application. The information presented is true and accurate.

Printed Name

Signature

Date: -----

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NONPROFIT APPLICATION SECTION *(Complete only if you meet all nonprofit requirements)*

Nonprofits Eligibility and Required Document Checklist

- Nonprofit organization must have had a physical address within the city limits of Douglas and was open and operating sometime between January 1, 2020 – December 31, 2020.
- Must include a copy of a valid ID along with application.
- Nonprofit 501(C)3 organizations must provide a copy of Letter of Determination from the IRS along with application. All other nonprofits must provide proof of current Annual Registration with Georgia Secretary of State Office along with application.
- Must provide a completed W9 Form along with application
- Must not receive any other COVID-19 related relief funds such as PPP, EDIL, etc.

Organization Name: _____

Address: _____
(Street Address of Nonprofit Only – NO POST OFFICE BOX. Nonprofit must have operated from this address, within the city of Douglas, between January 1, 2020 – December 1, 2020.)

_____ City _____ State _____ Zip Code _____

Name of authorized agent completing this form: _____

Date operated at this address: _____ to _____ Startup Date of Nonprofit _____

Best Contact Telephone: _____ Email Address: _____

ADDITIONAL ORGANIZATION INFORMATION

Is agency currently closed? If closed, when did the nonprofit close?
 Yes No _____

If closed, when is reopening expected?

1) Has application been made to other financial resources? For example, COVID-19 relief PPL, EDIL, other. Yes or No. If you answered yes, you are not eligible and there is no need to complete the questions 2 – 3.

2) If other COVID-19 related funds were not received, thoroughly explain how the COVID-19 pandemic caused a negative, disproportionate, impact on your nonprofit organization. *(If additional space is need, attach a separate written or typed document.)* _____

3) If applicable, provide details on the proposed program to be funded and its response to COVID. The narrative should include WHAT you will do, WHEN the project will begin, WHO you will serve, WHY the project is needed, location WHERE you will provide services, and exactly HOW you will notify the public. _____

4) Describe the organization’s background, experience, and capacity to provide the proposed service.

CERTIFICATIONS & ACKNOWLEDGEMENTS (Initial next to each asterisk)

Certify* I certify that this American Rescue Plan assistance is not duplicative of other public or private funding received.

Certify* I certify that this American Rescue Plan assistance will be used to provide services which address adverse impacts of Coronavirus.

Acknowledge* I acknowledge that, if selected, the program requires that a Lawful Presence Affidavit and IRS Form W9 be completed in order to receive payment.

Acknowledge* I understand that making false statements, concealing information, submitting altered documents, utilizing funds for ineligible purposes, or similar actions are considered fraudulent and may result in repayment of the grant award or other legal action. I also understand that failure to submit timely and adequate documentation may result in repayment of funds received.

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By signing and submitting this document, I attest that I have thoroughly reviewed the application. The information presented is true and accurate.

Printed Name

Signature

Date: _____



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BUSINESS INFORMATION *(Complete only if you meet all business requirements)*

Small Business Eligibility and Required Document Checklist

- Must have 200 or less employees.
- Business must have had a physical address within the city limits of Douglas and was open and operating sometime between January 1, 2020 – December 31, 2020.
- Must provide proof having a business license during 2020 along with application.
- Must include a copy of a valid ID along with application.
- Must provide a completed W9 Form along with application.
- Must address and identify the impact of COVID-19 and how support will mitigate financial hardship due to public health emergency in the future.
- If applying for the Disproportionately Impacted Business Monetary Grant - Must provide documentation to support business related hardship for monetary grant award. Documents could be defined as copies of related business expenses in the form of receipts and/or invoices for services paid between January 1, 2020 – December 31, 2020. Example of documents includes, but are not limited to, paid utility bills, telephone bills, rent, business loan, insurance, merchandise and/or inventory expenses, business license, paid taxes, and others related to business.
- Must sign an affidavit that you did not receive any other COVID-19 related relief funds such as PPP, EDIL, etc.

Business Name: _____

Address: _____
(Street Address of Nonprofit Only – NO POST OFFICE BOX. Business must have operated from this address, within the city of Douglas, between January 1, 2020 – December 1, 2020.)

City	State	Zip Code
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Name of business owner completing this form: _____

Date operated at this address: _____ to _____ Startup date of business _____

Best Contact Telephone: _____ Email Address: _____

Owner Social Security Number: _____ Federal EIN#: _____

ADDITIONAL BUSINESS INFORMATION

Is the business currently closed?
Yes No

If closed, when did the business close?

If closed, when is reopening expected?

1) Has application been made to other financial resources? For example, COVID-19 relief PPL, EDIL, other. Yes or No. If you answered yes, you are not eligible and there is no need to complete the questions 2 – 3.



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2) If other COVID-19 related funds were not received, thoroughly explain how the COVID-19 pandemic caused a negative, disproportionate, impact on your business. (If additional space is need, attach a separate written or typed document.) _____

3) If applicable, provide details on the proposed program to be funded and its response to COVID. The narrative should include WHAT you will do, WHEN the project will begin, WHO you will serve, WHY the project is needed, location WHERE you will provide services, and exactly HOW you will notify the public. _____

4) Describe the nature of your business and its background, experience, and capacity to provide the proposed service. _____

CERTIFICATIONS & ACKNOWLEDGEMENTS (Initial next to each asterisk)

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Certify* I certify that this American Rescue Plan assistance will be used to provide services which address adverse impacts of Coronavirus.

Acknowledge* I acknowledge that, if selected, the program requires that a Lawful Presence Affidavit and IRS Form W9 be completed in order to receive payment.

Acknowledge* I understand that making false statements, concealing information, submitting altered documents, utilizing funds for ineligible purposes, or similar actions are considered fraudulent and may result in repayment of the grant award or other legal action. I also understand that failure to submit timely and adequate documentation may result in repayment of funds received.

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conjunction with this assurances document is accurate and complete, and that the Recipient is in compliance with the aforementioned nondiscrimination requirements.

By signing and submitting this document, I attest that I have thoroughly reviewed the application. The information presented is true and accurate.

Printed Name

Signature

Date: _____

TOURISM APPLICATION SECTION *(Complete if you meet tourism requirements)*

Tourism Eligibility and Required Document Checklist

- Tourism organization must have had a physical address within the city limits of Douglas and was open and operating sometime between January 1, 2020 – December 31, 2020.
- Must provide proof of federal identification number.
- Must provide a completed W9 Form along with application.
- Must fall under the Georgia Department of Community Affairs definition of a tourist attraction (see below).
- Must address and identify the impact of COVID-19 and how support will mitigate financial hardship due to public health emergency in the future.
- Must sign an affidavit that you did not receive any other COVID-19 related relief funds such as PPP, EDIL, etc.

Definition – Tourist Attraction *(Source Georgia Secretary of State <http://rules.sos.ga.gov/gac/110-32-1>)*

A tourism attraction means:

- a) a cultural or historical site;
- b) a recreation or entertainment facility;
- c) a convention hotel and conference center;
- d) an automobile race track with other tourism amenities;
- e) a golf course facility with other tourism amenities;
- f) marinas and water parks with lodging and restaurant facilities designated to attract tourists to the State of Georgia; or
- g) a Georgia crafts and products center

"Non-Qualifying Attraction" pursuant to O.C.G.A § 48-8-271(12) means facilities that are primarily devoted to the retail sale of goods, shopping centers, restaurants, or movie theaters;

- a) When determining the definition of "primarily" within O.C.G.A § 48-8-271(12), the DCA will consider the geographic area of the Tourism Attraction Project. Should the geographic area of the uses of these non-qualifying attractions exceed 50% of the area as determined by DCA, the facilities will be considered a Non-Qualifying Attraction. For purposes of these calculations, parking facilities will generally be prorated according to the proposed uses of the official site plan.
- b) Tourism Attractions with less than 25% of their customers from out of state for each year following the third year of peroration will be considered a Non-Qualifying Attraction.

Organization Name: _____

Address: _____

(Street Address of Nonprofit Only – NO POST OFFICE BOX. Tourism entity must have operated from this address, within the city of Douglas, between January 1, 2020 – December 1, 2020.)



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City State Zip Code

Name of authorized agent completing this form: -----

Best Contact Telephone: ----- Email Address: -----

Date operated at this address: ----- to ----- Startup date of entity -----

Federal EIN# or IRS Status#: -----

ADDITIONAL ORGANIZATION INFORMATION

Is entity currently closed?
Yes No

If closed, when did the entity close?

If closed, when is reopening expected?

1) Has application been made to other financial resources? For example, COVID-19 relief PPL, EDIL, other. Yes or No. If you answered yes, you are not eligible and there is no need to complete the questions 2 - 3.

2) If other COVID-19 related funds were not received, thoroughly explain how the COVID-19 pandemic caused a negative, disproportionate, impact on your tourism organization. (If additional space is need, attach a separate written or typed document.) -----

3) If applicable, provide details on the proposed program to be funded and its response to COVID. The narrative should include WHAT you will do, WHEN the project will begin, WHO you will serve, WHY the project is needed, location WHERE you will provide services, and exactly HOW you will notify the public. -----

4) Describe the nature of your tourism attraction or related organization, its background, experience, and capacity to provide the proposed service. -----

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Printed Name

Signature

Date: -----

