

**2021**



**Non Profit  
Assistance Program**

Town of New Milford  
January 2021  
[Mayor@newmilford.org](mailto:Mayor@newmilford.org)



## NEW MILFORD ARPA NON PROFIT ASSISTANCE PROGRAM

The New Milford ARPA Non Profit Assistance Program was established to provide limited, one-time direct financial assistance to eligible New Milford non profits that have been adversely impacted by the COVID pandemic. The Program is funded through the American Rescue Plan Act funds, and administered by the Town of New Milford. The Program is intended to provide assistance to eligible New Milford non profits that have been impacted by the coronavirus pandemic and have a need for funding that will help the non profit to survive and prosper.

### **Who is eligible to apply?**

To be eligible for assistance under this program, applicant must be a New Milford based non profit that is physically located and registered within the Town of New Milford.

The non profit must currently be in and have been in operation as of January 1, 2019.

Applicant must be in good standing and current on its federal, state and local tax obligations and have no outstanding liens or judgements.

The non profit must be able to demonstrate satisfactorily that it has been negatively impacted by the coronavirus pandemic and that the funding will enable the non profit to continue to operate and become stronger. The non profit must present a reasonable likelihood for long term viability.

The non profit must have a clear and specific use for the grant money and the grant money can only be used toward future expenditures.

Applicant must self-certify the eligibility requirements on the application.

### **How much can I apply for?**

Eligible non profits may apply for grants of up to \$5000. Funding is limited and it is anticipated that requests for assistance will be greater than funding on hand. Not all non profits approved for participation will receive the maximum amount. The amount will be based upon the documented need of the non profit and available resources.

Non profit must demonstrate economic hardship and demonstrate that the operating funds are necessary and sufficient, when combined with any other sources, to sustain the non profit.

### **What is the approval process?**

All applicants will be reviewed by a Town of New Milford's Non Profit Committee. Their recommendations will be forwarded to the Mayor for final approval. Program staff will make every effort to ensure timely review of all applications received.

In addition to program requirements, awards will be based on a number of factors including: the continued viability of the non profit, the degree to which the non profit has been impacted by the pandemic and proposed use of the funds. Some examples of use of funds includes, but not limited to:

- Payroll costs
- Mortgage interest
- Rent
- Utilities
- Operational expenses
- Worker protection expenditures
- Costs associated with the compliance of health measures
- Specific investment to enhance the viability of the business
- Construction of an outdoor dining area
- Innovative business or business community marketing program
- Workforce training or recruitment program

The Committee will also consider to the extent to which the non profits has received other assistance to date and its access to other funding sources.

Upon approval, a formal agreement between the assisted non profit and the Town will be executed.

**Submissions:**

Applications may be brought to The Mayor's Office, or mailed to 10 Main Street, New Milford, CT 06776 for review. Please also include a copy of your business license and your 2019 and 2020 tax returns and if tax returns are not available, please include 2 years of bank statements (2019 & 2020). Applications will be accepted from December 1<sup>st</sup> until the funds are depleted.

# NEW MILFORD COVID-19 NON PROFIT ASSISTANCE PROGRAM APPLICATION

## *Section 1: Applicant Information*

Name of Non-Profit \_\_\_\_\_

Contact: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Non Profit Phone \_\_\_\_\_ Website URL \_\_\_\_\_

Email Address \_\_\_\_\_

Federal Employer Identification Number (EIN) \_\_\_\_\_

What month and year was your business incorporated/registered \_\_\_\_\_

Years in New Milford \_\_\_\_\_ Years at Current Location \_\_\_\_\_

2019 Gross Revenue \_\_\_\_\_ 2020 Gross Revenue \_\_\_\_\_

How is your nonprofit structured? \_\_\_\_\_

Briefly describe your nonprofit. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## *Section 2: Underwriting*

Is the nonprofit current on all tax obligations to the Internal Revenue Service, the State of Connecticut and the Town of New Milford? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain:

\_\_\_\_\_

\_\_\_\_\_

Does the nonprofit have any outstanding liens or judgements? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Is the nonprofit compliant with the Connecticut Department of Labor Office of Unemployment Assistance and all applicable state and federal employment laws and regulations, including but not limited to minimum waged, unemployment insurance, workers' compensation and child labor?

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain.

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Have you applied for any funding from federal programs such as the Payroll Protection Program (PPP) or SBA Economic Injury Disaster Grant/Loan Program related to the current pandemic and disaster declaration? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please provide details as to program and amount.

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Funds being requested? (up to \$5000.00) \_\_\_\_\_

*Please provide documentation supporting the funds you are requesting i.e. estimates or quotes.*

Please describe the impact of COVID-19 on your business:

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How will you use the funds?

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What impact will the grant have on your nonprofit?

***Section 3: Applicant Certification***

I hereby certify that the information herein is complete, true and accurate to the best of my knowledge. I further authorize the Town of New Milford to make inquiries as necessary to verify the information contained in this application.

The undersigned agrees that any funds provided to this application will be utilized exclusively for the purpose(s) set forth in this application, as may be amended. Upon utilization of the funds, the

undersigned will provide a final report to the Town outline what was done with the funds. If the funds are not utilized exclusively for the purpose(s) set forth in this application or not used in total the undersigned will return the funds to the Town of New Milford.

I understand that false or misleading statements may result in forfeiture of benefits and criminal prosecution under the laws of this state.

Authorized Applicant Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_