

Perry County

American Rescue Plan Assistance Grant Program



Grant Application Guide

Providing a portion of the County's American Rescue Plan (ARP) and the Coronavirus Local Fiscal Recovery Fund (CLFRF) to eligible Perry County small businesses and non-profit organizations negatively impacted by the COVID-19 pandemic

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Perry County ARP Grant & Advisory Committee Meeting Timeline

PCARP ARP Grant Application Timeline

Application opens: February 15, 2022 @ 8am CT

Application closes: March 24, 2022 @ 4pm CT

Review process: March 24-April 11, 2022

Recipient Award Announcement: April 12, 2022 @ 4pm CT

Formal notifications sent after April 12, 2022

Deadline to spend funds: December 31, 2024

Future Perry County ARP Advisory Committee Meetings

PCARP Meeting for “Evaluation Rubric Discussion”: February 24, 2022 @ 6:30pm CT

PCARP Meeting for “Recipient Award Announcement”: March 24, 2022 @ 6:30pm CT

***All meetings will be held in the Perry County Council Chambers*

Perry County ARP Grant Application

Instructions & Contact Information

The Perry County Community Foundation will be managing our application process. When you click the link below, you will be redirected to the Community Foundation Alliance’s grant application portal page. If you are already registered in their system, simply use the login/password from your initial account creation. If you are not registered in their system, choose “Create New Account” and complete the registration process. Once you have logged into your account and are at your Dashboard, follow steps two through four below to gain access to our grant applications and to apply:

1. [Click here to apply](#).
2. Enter **per** in the Access Code field to gain access the Perry County Community Foundation’s grant applications.
3. Click on the link for the appropriate grant program and begin your application.
4. Once you have completed your application, click the Submit Form button.

For questions, please contact Emily Alvey with the Perry County Community Foundation, by email at ealvey@communityfoundationalliance.org or 812-547-3176.

Application 1: Non-Profit Financial Assistance Program

Application

Community Foundation Alliance Inc.

Perry County ARP | Nonprofit Financial Assistance Program

Community Foundation Alliance Inc.

Project Title*

Character Limit: 100

What is the Need? (EX: Program, Equipment or staff funding due to loss of revenue/donations prevented)

Organization Information

Indiana Secretary of State Business ID*

Character Limit: 30

This information is required to determine your organizations is registered with the state with no current tax issues.

Date of Last Income Tax or Information Return Filed*

Character Limit: 10

Are Any Returns Being Contested or Audited?*

Choices

Yes

No

Entity Report*

Attach the organization's most recent Entity Report from the Indiana Secretary of State.

File Size Limit: 3 MB

Form W-9*

Attach the organization's Form W-9.

File Size Limit: 3 MB

Number of Years Operating in Perry County or Providing Services to Perry County Residents*

Character Limit: 3

Briefly Describe the Public Programs and/or Services the Organization Provides*

Include number of individuals served.

Character Limit: 1000

Application

Community Foundation Alliance Inc.

Contact Information

Application Contact Name*

Character Limit: 50

Phone Number*

Character Limit: 20

Email Address*

Character Limit: 254

Contact's Relationship to the Organization*

Character Limit: 50

Ex: A director, etc.

Finances

How has COVID-19 negatively impacted the organization's finances?*

Character Limit: 1000

This is an important and deciding factor in determining potential funding.

Gross Revenue*

Scan and attach the past three years' (2019, 2020, 2021) proof of gross revenue. Only one of the following two will be accepted as proof: 1) Federal Tax Return Form 990 for each of the past three years, or 2) an official Income (Profit-Loss) Statement for each of the past three years.

File Size Limit: 4 MB

This is evidence-based to determine funding eligibility.

Programs and/or Services Provided

What is the organization's mission statement?*

Character Limit: 2000

Utilization of Funds to Further Mission and Outcomes Measurement*

If awarded, how does the organization plan to utilize the funds to further its mission, and how will you measure success?

Character Limit: 2000

The ARP committee must clearly understand how this funding will be sustainable in the next few years to ensure a positive impact on those in Perry County as well as if the organization will have the capacity to fulfill the request.

Sustainability*

How does the organization plan to remain sustainable and adapt to future negative economic conditions caused by pandemics, disasters, economic downturns, etc.?

Character Limit: 2000

Application

Community Foundation Alliance Inc.

Budget Information

Ex: This could be an amount to recoup costs of not being able to offer a program or service (EX: not enough revenue to offer a program or event)

Total Amount of Funding Requested to Relieve Negative Effects of Pandemic on Financial Resources*

Enter the total amount of funding requested to relieve the negative effects of the COVID-19 pandemic on the organization’s financial resources.

Character Limit: 20

Is this part of a matching grant?*

Choices

- Yes
- No

This is helpful to determine if the requested funds are for an entire project/initiative OR if the County can further assist a non-profit to obtain other funding.

If you answered yes above, what is the match percentage?

Character Limit: 10

Total Amount of Funding Requested to Support Provision of Programs/Services*

Enter the total amount of funding requested to support the provision of programs or services of the organization.

Character Limit: 20

Costs associated with providing a program or service. (Ex: Organization offers free school supplies as part of a program because of received donations. If those donations were significantly reduced due to COVID, this would be a funding amount request)

Is this part of a matching grant?*

Choices

- Yes
- No

If you answered yes above, what is the match percentage?

Character Limit: 10

Please use the budget template that was provided. This will help the committee understand the COVID impacts as well as the need.

Request Budget*

Attach the budget for this request.

Click here to download the template. Once downloaded on your computer, you will need to complete and save the template and then upload it into the field provided below.

File Size Limit: 3 MB

Previous relief programs were made available in 2020 and 2021. Additionally, other communities in Perry County received ARP Funding. This will enable the committee to practice fairness to all applicants.

Other Information

Other Funding*

Has the organization applied for funding from federal, state, or local sources for COVID-19-related purposes? If so, what were the sources and how much funding was requested? For what were the funds utilized?

Application

Community Foundation Alliance Inc.

Character Limit: 2000

Previously Awarded Funds

Attach documentation (e.g. award letter, copy of check, etc.) of any previously awarded funds (e.g., CARES Act funds, Small Business Administration funds, local sources of funds, etc.).

File Size Limit: 3 MB

American Rescue Plan Funds from Other Entities*

Does the organization intend to apply for American Rescue Plan funds from other entities? If so, which entities?

Character Limit: 1000

Will the organization accept an award less than the amount requested?*

Choices

Yes

No

This is helpful should we receive more requests than our funding allows.

Agreement

Application Submission Certification and Agreement*

By submitting this application, I certify and agree that I am the designated authorized agent of the organization and that all information submitted is true and correct to the best of my knowledge. I further agree that false or misleading statements will result in nullifying the grant application and require the immediate return of any allocated grant funds to Perry County. Failure to provide proper documentation of the information provided in this application to Perry County upon request shall render the grant application incomplete, and will result in the grant being nullified and require that all grant funds received be returned immediately to Perry County. I understand the information submitted will likely be public information, subject to disclosure, pursuant to the Indiana Access to Public Records Act (IC 5-14-3). I further understand that the use of grant funds cannot duplicate prior funding received for the same purpose and that Perry County may audit the use of the grant funds. A list of successful grant recipients will also be made public.

By providing a phone number and email address, you are authorizing Perry County to exchange information with you about your application using unencrypted email. This information may include private or nonpublic data. Unencrypted email is not secure. You accept the risk that data may be intercepted by someone other than the intended recipient and understand that Perry County is not liable for any damages caused by such interception. Providing a phone number and email address does not authorize Perry County to release private or nonpublic data to anyone other than the recipient unless otherwise allowed by law.

Printed On: 10 February 2022

Perry County ARP | Nonprofit Financial Assistance Program

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Furthermore, I confirm that I understand that this is a competitive process and that the organization I represent may or may not be chosen.

Choices

Yes

No

Nonprofit Mental / Behavioral Health & Wellness

Operational Assistance Program

As a result of the COVID-19 pandemic, Perry County recognizes the need to support the provision of mental/behavioral health and/or wellness services and programs for the community. A portion of Perry County's American Rescue Plan Funds will offer financial support in the form of grants to nonprofit organizations that provide mental/behavioral health and/or wellness services and programs with a goal of increasing the capacity of these organizations to meet this growing demand for services.

Award Size: Awards will range from \$1,000 - \$75,000 with exceptions made dependent on an illustrated need. Total funding available in 2022 is anticipated to be \$500,000.

Applicant Eligibility:

- Applicant must be a nonprofit organization or publicly-funded entity in good standing with both the State of Indiana and the Internal Revenue Service.
- Applicant must be based in Perry County. Services or programs supported through this grant may only be offered to Perry County residents.
- Applicant must be a provider of evidence-based mental and/or behavioral health services or programs and/or wellness services or programs, where applicable, must be delivered by professionals in good standing and licensed by the State of Indiana.



Compliance Requirements:

- Funds received under this grant must be committed within two (2) years.
- Funds received under this grant must be spent on services or programs to support Perry County residents.
- Organizations must provide mental and/or behavioral health services through providers, who are licensed and in good standing with the State of Indiana.
- Grant award funds shall not be used for any damages that are covered by insurance.
- Funding cannot duplicate prior funding received for the same purpose.
- Grant award recipients shall be required to submit semiannual reports in accordance with the grant timeline provided above.

Examples of ineligible uses of funds include, but not limited to:

- Activities that promote a particular political point of view
- Advocacy of a particular program of social or political action
- Support of specific public policies or legislation
- Lobbying

Application 2: Nonprofit Mental/Behavioral Health & Wellness Program

Application

Community Foundation Alliance Inc.

Perry County ARP | Nonprofit Mental/Behavioral Health and Wellness Program

Community Foundation Alliance Inc.

Project Title*

Character Limit: 100

What is the Need? This program is to help those effected by the pandemic. (EX: New Health & Wellness Program Funding, funding assistance for a counselor, additional room for a new program, etc. ?)

Organization Information

Indiana Secretary of State Business ID*

Character Limit: 10

Date of Last Income Tax or Information Return Filed*

Character Limit: 10

This information is required to determine your organizations is registered with the state with no current tax issues.

Are Any Returns Being Contested or Audited?*

Choices

Yes

No

Entity Report

Attach the organization's most recent Entity Report from the Indiana Secretary of State (if applicable).

File Size Limit: 3 MB

Form W-9*

Attach the organization's Form W-9.

File Size Limit: 3 MB

Number of Years Operating in Perry County or Providing Services to Perry County Residents*

Character Limit: 3

Contact Information

Application Contact Name*

Character Limit: 50

Application

Community Foundation Alliance Inc.

Phone Number*

Character Limit: 20

Email Address*

Character Limit: 254

Contact's Relationship to the Organization*

Character Limit: 50

This could be a director, etc.

Project Overview

All ARP funding requests must benefit Perry County

Challenges and Benefits*

What challenge(s) will be addressed by the work supported with this grant? How will Perry County residents benefit from your organization's receiving this funding?

Character Limit: 2000

Organizational Capacity and Programs/Services Sustainability*

How is the organization positioned to address the previously identified challenge(s) and provide the needed service(s) or program(s)? How will it work to sustain the provision of the service(s) or program(s) after grant funding has expired?

Character Limit: 2000

The ARP committee must clearly understand how this funding will be sustainable in the next few years to ensure a positive impact on those in Perry County, as well as ensure the organization will have the capacity to fulfill the request.

Types of Services/Programs*

Which best describes the type of service(s) or program(s) the organization will provide through this grant? [Check All That Apply]

Choices

- Mental health treatment for adults
- Mental health treatment for children and/or adolescents
- Other behavioral health services for adults
- Other behavioral health services for children and/or adolescents
- Substance misuse treatment
- Hotlines or warmlines
- Crisis intervention services
- Wellness screenings
- Health risk assessments
- Nutrition education
- Other: Please describe in field below.

Ex: This could be the costs to add a office for a new counselor, etc.

Other Type of Service/Program

If you checked "Other" above, please state the type of service or program in the field provided below.

Character Limit: 50

Application

Community Foundation Alliance Inc.

How will funds be utilized?*

Please provide a detailed description of how the funds will be utilized in relation to the service(s) or program(s) selected above.

Character Limit: 2000

This section must include a measurable description. (Ex: A full time counselor will provide outreach services to approximately 15 Perry County Residents.) The number "15" is a measurable outcome.

Staff Involvement*

Please provide a detailed description of how the organization's staff will be deployed to provide the identified service(s) or program(s) selected above.

Character Limit: 2000

Roles and responsibilities of the staff

What do you hope to achieve with this funding? How will you measure success?*

Character Limit: 2000

Number of Individuals to be Served*

Please estimate the total number of individuals that the organization anticipates serving with these funds.

Character Limit: 20

Organizational Sustainability*

How does the organization plan to remain sustainable and adapt to future negative economic conditions caused by pandemics, disasters, economic downturns, etc., specifically related to any programming or services these funds may support?

Character Limit: 2000

This is to ensure the funding will be utilized appropriately to help the organization maintain and continue its services and/or programs for the benefit of Perry County.

Programs/Services Certification Statement*

I certify that the service(s) or program(s) provided with the use of these grant funds will be carried out under the direction and supervision of licensed professionals where applicable and only for Perry County residents.

Choices

- Yes
- No

Please use the budget template that was provided. This will help the committee understand the COVID impacts as well as the need.

Budget Information

Enter the total amount of funding requested.*

Character Limit: 20

Is this part of a matching grant?*

Choices

- Yes
- No

Application

Community Foundation Alliance Inc.

If you answered yes above, what is the match percentage?

Character Limit: 10

Request Budget*

Attach the budget for this request.

Click here to download the template. Once downloaded on your computer, you will need to complete and save the template and then upload it into the field provided below.

File Size Limit: 3 MB

Previous relief programs were made available in 2020 and 2021. Additionally, other communities in Perry County received ARP Funding. This will enable the committee to practice fairness to all applicants.

Other Information

Other Funding*

Has the organization applied for funding from federal, state, or local sources for COVID-19-related purposes? If so, what were the sources and how much funding was requested? For what were the funds utilized?

Character Limit: 2000

Previously Awarded Funds

Attach documentation (e.g. award letter, copy of check, etc.) of any previously awarded funds (e.g., CARES Act funds, Small Business Administration funds, local sources of funds, etc.).

File Size Limit: 3 MB

American Rescue Plan Funds from Other Entities*

Does the organization intend to apply for American Rescue Plan funds from other entities? If so, which entities?

Character Limit: 1000

Will the organization accept an award less than the amount requested?*

Choices

- Yes
- No

This is helpful should we receive more requests than our funding allows.

Application

Community Foundation Alliance Inc.

Agreement

Application Submission Certification and Agreement*

By submitting this application, I certify and agree that I am the designated authorized agent of the organization and that all information submitted is true and correct to the best of my knowledge. I further agree that false or misleading statements will result in nullifying the grant application and require the immediate return of any allocated grant funds to Perry County. Failure to provide proper documentation of the information provided in this application to Perry County upon request shall render the grant application incomplete, and will result in the grant being nullified and require that all grant funds received be returned immediately to Perry County. I understand the information submitted will likely be public information, subject to disclosure, pursuant to the Indiana Access to Public Records Act (IC 5-14-3). I further understand that the use of grant funds cannot duplicate prior funding received for the same purpose and that Perry County may audit the use of the grant funds. A list of successful grant recipients will also be made public.

By providing a phone number and email address, you are authorizing Perry County to exchange information with you about your application using unencrypted email. This information may include private or nonpublic data. Unencrypted email is not secure. You accept the risk that data may be intercepted by someone other than the intended recipient and understand that Perry County is not liable for any damages caused by such interception. Providing a phone number and email address does not authorize Perry County to release private or nonpublic data to anyone other than the recipient unless otherwise allowed by law.

Furthermore, I confirm that I understand that this is a competitive process and that the organization I represent may or may not be chosen.

Choices

Yes

No

Small Business Operational Assistance Program

Perry County recognizes the need to provide support for our local small businesses, the backbone of our local economy, which suffered financially due to the COVID-19 pandemic. A portion of Perry County's ARP Funds will offer financial support in the form of grants to small businesses that were forced to close, lay off employees, showed a significant loss of revenue, or modify operations in order to stay in business.

Award Size: Awards will range from \$1,000 - \$20,000 with exceptions made dependent on an illustrated need. Total funding available in 2022 is anticipated to be \$350,000.

Eligibility:

- The applicant must be a corporation, sole proprietorship, partnership, limited liability partnership, or limited liability company with an active business registration with the State of Indiana.
- Have an Employer Identification Number or Social Security Number (in the case of a sole proprietorship) with the IRS.
- Business must be based in Perry County.
- Applicant must have 75 or fewer full-time employees.

Eligible expenses include, but not limited to:

- Payroll, sole proprietor net profit reduction, insurance premiums, rent or mortgage payments, lease payments for real or personal property, utilities, safety investments, or technology upgrades (including e-commerce capabilities).



Compliance Requirements:

- Funds received under this grant must be committed within two (2) years.
- Funding cannot duplicate prior funding received for the same purpose.
- Grant award recipients shall be required to submit semiannual reports in accordance with the grant timeline provided above.

Examples of ineligible uses of funds include, but not limited:

- Activities that promote a particular political point of view
- Advocacy of a particular program of social or political action
- Support of specific public policies or legislation
- Lobbying

Application 3: Small Business Operational Assistance Program

Application Community Foundation Alliance Inc.

Perry County ARP | Small Business Operational Assistance Program

Community Foundation Alliance Inc.

Project Title* What is the Need? (EX: Program, Equipment or staff funding due to loss of revenue/having to pay more to keep staff,etc.)
Character Limit: 100

Organization Information

Type of Entity* This information is required to determine your organizations is registered with the state with no current tax issues or arrears with the County.

Choices

- Corporation
- Sole Proprietorship
- Partnership
- Limited Liability Partnership
- Limited Liability Company

Indiana Secretary of State Business ID
Character Limit: 10

Date of Last Income Tax or Information Return Filed*
Character Limit: 10

Are Any Returns Being Contested or Audited?*

Choices

- Yes
- No

Is the Business Current on Property Taxes Owed to Perry County?*

Choices

- Yes
- No

Number of Years Operating in Perry County or Providing Services to Perry County Residents*
Character Limit: 3

Number of Full-time Employees (as of application date)* We understand today's current shortage of staff and the need to hire. This will assist the committee to also help justify your needs
Character Limit: 10

Number of Part-time Employees (as of application date)*
Character Limit: 10

Printed On: 10 February 2022 Perry County ARP | Small Business Operational Assistance Program 1

Application

Community Foundation Alliance Inc.

Contact Information

Application Contact Name*

Character Limit: 50

Phone Number*

Character Limit: 20

Email Address*

Character Limit: 254

Contact's Relationship to the Business*

Character Limit: 50

Main Point of Contact for the business

This is an important and deciding factor in determining potential funding.

Proof of Need

How has COVID-19 negatively impacted the business' finances?*

Character Limit: 2000

Gross Revenue*

Scan and attach the past three years' (2019, 2020, 2021) proof of gross revenue. Only one of the following two will be accepted as proof: 1) Federal Tax Return Schedule E or Form 1120 for each of the past three years as appropriate for your business classification, or 2) an official Income (Profit-Loss) Statement for each of the past three years.

File Size Limit: 4 MB

Other Funding*

Has the business applied for funding from federal, state, or local sources for COVID-19-related purposes? If so, what were the sources and how much funding was requested? Did the organization receive the requested funds? For what were the funds utilized?

Character Limit: 2000

The ARP committee must clearly understand all funding resources such as SBA or other COVID relief funding

Previously Awarded Funds

Attach documentation (e.g. award letter, copy of check, etc.) of any previously awarded funds (e.g., CARES Act funds, Small Business Administration funds, local sources of funds, etc.).

File Size Limit: 3 MB

Did the business temporarily close?*

Choices

Yes

Application

Community Foundation Alliance Inc.

No

Ex: This could be an amount to recoup costs of not being able to offer a program or service (EX: not enough revenue to offer a service or remain open)

If the business temporarily closed, how long did it close?

Character Limit: 50

Even if for a day, that is considered a loss of revenue

Did the business lay off employees?*

Choices

Yes

No

If the business laid off employees, how many and for how long?

Character Limit: 100

Is the business currently experiencing issues finding and retaining employees?*

Choices

Yes

No

Is the business having to pay more to keep staff?

Financial Hiring and/or Retention Incentives

If the business is currently experiencing issues finding and retaining employees, does it plan to use requested funds for financial hiring and/or retention incentives?

Character Limit: 1000

Plan to Adapt to Future Negative Economic Conditions*

How does the business plan to adapt to future negative economic conditions caused by pandemics, disasters, economic downturns, etc.?

Character Limit: 2000

This will help justify your need based on your revenue prior, during and present Covid

Budget Information

Total Amount of Funding Requested*

Character Limit: 20

Request Budget*

Attach the budget for this request.

Click here to download the template. Once downloaded on your computer, you will need to complete and save the template and then upload it into the field provided below.

File Size Limit: 3 MB

Assisting applicants for their match (portion) to other funding will enable the committee to direct funds to other applicants in need.

Is this part of a matching grant?*

Choices

Yes

Application

Community Foundation Alliance Inc.

No

If you answered yes above, what is the match percentage?

Character Limit: 10

Supporting Documentation*

Attach supporting documentation for cost estimates in the budget. [Proof of payroll expenses for wages paid to W2 employees, 900 series payroll forms, proof of insurance payment, certificate of insurances, copy of mortgage, rental, or lease agreements, proof of mortgage, rental or lease payments for real or personal property, copy of utility bills, receipts, etc.]

If attaching more than one document, you must scan/save all documents to the same file. Only one file can be uploaded to the "Upload a file" field. Please contact Emily Alvey at ealvey@communityfoundationalliance.org if you need assistance.

File Size Limit: 10 MB

Please clearly name each attachment to best represent the document (EX: PayrollExpenses-ABC Company.pdf OR LeaseAgreement-ABC Company.pdf)

Other Information

Will the organization accept an award less than the amount requested?*

Choices

Yes

No

This is helpful should we receive more requests than our funding allows.

Agreement

Application Submission Certification and Agreement*

By submitting this application, I certify and agree that I am the designated authorized agent of the organization and that all information submitted is true and correct to the best of my knowledge. I further agree that false or misleading statements will result in nullifying the grant application and require the immediate return of any allocated grant funds to Perry County. Failure to provide proper documentation of the information provided in this application to Perry County upon request shall render the grant application incomplete, and will result in the grant being nullified and require that all grant funds received be returned immediately to Perry County. I understand the information submitted will likely be public information, subject to disclosure, pursuant to the Indiana Access to Public Records Act (IC 5-14-3). I further understand that the use of grant funds cannot duplicate prior funding received for the same purpose and that Perry County may audit the use of the grant funds. A list of successful grant recipients will also be made public.

Application

Community Foundation Alliance Inc.

By providing a phone number and email address, you are authorizing Perry County to exchange information with you about your application using unencrypted email. This information may include private or nonpublic data. Unencrypted email is not secure. You accept the risk that data may be intercepted by someone other than the intended recipient and understand that Perry County is not liable for any damages caused by such interception. Providing a phone number and email address does not authorize Perry County to release private or nonpublic data to anyone other than the recipient unless otherwise allowed by law.

Furthermore, I confirm that I understand that this is a competitive process and that the organization I represent may or may not be chosen.

Choices

Yes

No

Appendix

Purpose

The Perry County American Rescue Plan Advisory Committee was established to formulate a strategic funding plan that addresses community priorities and aligns with the eligible uses of the Coronavirus Local Fiscal Recovery Fund.

Perry County American Rescue Plan Advisory Committee

Tom Hauser, Commissioner
 Gregg Jarboe, Commissioner
 Charles Baumeister, Councilman
 Randy Cole, Councilman
 Tara Damin, Joint Appointed
 Erin Emerson, Commissioner Appointed
 Sherri Flynn, Council Appointed

Overview of the American Rescue Plan & Coronavirus Relief Fund

On March 11, 2021, President Biden signed the American Rescue Plan Act of 2021 (“ARP”) into law. The \$1.9 trillion package, based on President Biden’s “American Rescue Plan,” is intended to combat the COVID-19 pandemic, including the public health and economic impacts.

The ARP established the Coronavirus Local Fiscal Recovery Fund which will provide \$65.1 billion in direct aid to counties over the next two years. Consequently, **Perry County will receive \$3,723,354** from the U.S. Department of Treasury while Cannelton, Tell City, and Troy will receive lesser amounts from the State of Indiana.

Eligible Uses of the Funds

On May 10, 2021, the U.S. Department of Treasury issued an interim final rule, fact sheet, and FAQs for the implementation of the Coronavirus Local Fiscal Recovery Fund. The interim final rule outlines the following categories of eligible uses of the funds:

- **Supporting the public health response.** Fund COVID-19 mitigation efforts, medical expenses, behavioral health care and certain county public health, public safety, human services, and other related staff.
- **Addressing negative economic impacts.** Respond to economic harms to workers, families, small businesses, impacted industries and rehiring of public sector workers.
- **Replacing public sector revenue loss.** Use funds to provide government services to the extent of the reduction in revenue experienced during the pandemic.
- **Providing premium pay for essential workers.** Offer additional compensation, up to \$13 per hour in additional wages, to those – both county employees and other workers in the community – who have faced and continue to face the greatest health risks due to their service.
- **Investing in water, sewer, and broadband infrastructure.** Make necessary investments to improve access to clean drinking water, invest in wastewater and stormwater infrastructure and provide unserved or underserved locations with new or expanded broadband access.

Final Rule

Funding from the Coronavirus State and Local Fiscal Recovery Funds is subject to the requirements specified in the [Final Rule](#) released by Treasury on January 6, 2022. Treasury released an [Overview of the Final Rule](#), which provides a summary of major rule provisions to assist recipients and stakeholders.

A few core improvements included in the Final Rule are:

- Broader set of uses that are available to respond to the pandemic’s public health and economic impacts on households, small businesses, and others, including capital expenditures
- Major simplification for thousands of recipients through the \$10 million revenue loss standard allowance
- Greater flexibility in eligible broadband investments to address challenges with access, affordability, and reliability, and the addition of numerous eligible water and sewer infrastructure investments
- More streamlined options to provide premium pay through broadening the share of eligible workers who can receive premium pay without additional justification.



KEY HIGHLIGHTS OF THE GUIDANCE

1. Final Rule is effective April 1, 2022, but counties can take advantage of flexibility prior to that date
2. Allows counties to use up to \$10 million of ARPA Recovery Funds as “loss revenue” for the provision of general government services without needing to use the Treasury revenue loss formula
3. Improves revenue loss calculation formula **to include utility revenue and liquor store sales, at option of counties**
4. Clarifies eligible use of funds for capital expenditures and written justification for certain projects
5. **Presumes certain populations were “impacted” and “disproportionately impacted” by the pandemic** and therefore are eligible to receive a broad range of services and support
6. Streamlines options for premium pay, by **broadening the share of eligible workers who can receive premium pay**
7. Authorizes re-hiring of local government staff, either at or above pre-pandemic levels
8. Allows Recovery Funds to be used for modernization of cybersecurity, including hardware and software
9. Broadens eligible use of funds for water and sewer projects to include culvert repair, dam and reservoir rehabilitation
10. Broadens eligible broadband infrastructure investments to ensure better connectivity to broader populations

Results of Community Engagement

The County’s approach to the allocation of this funding focused on three main goals: Response, Recovery, and Resilience. This would offer County residents and businesses to improve and work through the crisis.

To instill transparency, the Perry County American Rescue Plan Advisory Committee (PCARPAC) launched a survey to solicit input from the community on priorities for the use of the federal relief funds provided ARPA.

In determining the County’s use of ARPA funds, written and oral input from the community and community-based organizations were incorporated at our public Advisory Committee meetings. These meetings provided an opportunity for the public to speak on topics of interests, concerns, and process.

Of the responses and topics repeatedly mentioned, the greatest were mental health and substance abuse, childcare, aid for small businesses, and potable water for rural residents.

Survey Results

Perry County Resident	96.39%
Local Employee	32.73%
Local Business Owner	11.06%
Local Student	0.45%
Non-Profit/Agency Representative	7.9%
Parent/Caregiver	34.76%
Healthcare Provider	7.9%
Landlord/Commercial Prop Owner	7.67%
Other	5.42%
(Retiree, Grandparent, Disabled, Veteran, etc.)	

Choices by Rank / Score

Support the Public Health Response	4.09
Address Negative Impacts of COVID-19	4.08
Premium Pay for Essential Workers	4.02
Replace Public Sector Revenue Loss	2.71
Invest in Water & Sewer Infrastructure	3.29
Invest in Broadband Infrastructure	2.82

Feedback on core focus areas:

Public Health Response

“Be diverse with funding, not dump in one area.”

“Create awareness campaigns and improve communication with residents periodically.”

“Open a 24/7 clinic for Covid testing to PC residents.”

“Bring Mental Health Professionals to our community.”

“Help should be given to local nursing homes.”

“Offer water to rural areas.”

Negative Economic Impacts

“Provide additional monies received to business struggling.”

“Set up unemployed with businesses needing employees and providing childcare to do so”

“Small business loans, worker training, increase taxi/rideshare to help people get to work, increasing local retail’s e-commerce presence, advertising.”

Premium Pay for Essential Workers

“Provide some additional indirect benefits like extra time off to rest and get charged mentally.”

“Evaluate who truly deserves a premium pay and back up the decision with facts.”

“Clarify who you are considering “essential workers.”

Public Sector Revenue Loss

“Not as important. I still had to pay my bills to the government while the pandemic was ongoing.”

“With less people purchasing and driving, there has been less tax revenue for the county and city.”

“Transparency!”

“The local government should have handled their first round of money better. They don’t need more.”

“Use tax and revenue already available. Apply for grants for specific items if needed.”

Infrastructure (Water, Wastewater, Broadband)

“For our futures. Many people in the county haul their water. No one should have to do this, this day in age.”

“Our county should constantly be planning for infrastructure updates and not use these specific funds to accomplish the projects that should have already been accounted for.”

“There are few options here for broadband services.”