

## Economic Development / Job Creation RFP Cover Sheet

(This form must be fully completed and submitted with your proposal in response to the RFP)

### CONTACT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number(s): Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_

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

### ENTITY INFORMATION

Entity Name: \_\_\_\_\_

Entity Address: \_\_\_\_\_  
(Please include Zip)

Partnership Ownership/Management of Entity:

Name:	Percentage:	Interest:	Owned:	Title:

Type of Entity: \_\_\_\_\_ Years in operation: \_\_\_\_\_

How many people did your entity employ prior to COVID-19 (March 1, 2020) (include yourself): \_\_\_\_\_?

Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

As of today: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Anticipated Job Creation if awarded ARPA funds: Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Anticipated Value of Economic Development in Springfield if awarded ARPA funds: \$ \_\_\_\_\_

### ENTITY OWNER DEMOGRAPHICS

Entity Owner Age:

18 years – 29 years

61 years – 80 years

30 years – 45 years

80+ years

46 years – 60 years

Is your entity Minority owned?  Yes  No

*If so, please indicate:*

- |  |  |
|--|--|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> African American/Black      |
| <input type="checkbox"/> Cape Verdean    | <input type="checkbox"/> Western Hemisphere Hispanic |
| <input type="checkbox"/> Aleut           | <input type="checkbox"/> Eskimo                      |
| <input type="checkbox"/> Asian           | <input type="checkbox"/> Women owned                 |

Please indicate your veteran status:

- |   |   |
|---|---|
| <input type="checkbox"/> Disabled Veteran           | <input type="checkbox"/> Other Protected Veteran            |
| <input type="checkbox"/> Recently Separated Veteran | <input type="checkbox"/> Armed Forces Service Medal Veteran |
| <input type="checkbox"/> No Military Service        | <input type="checkbox"/> Vietnam Era Veteran                |

## **APPLICATION REQUIREMENTS**

### COMMUNITY BENEFIT:

Describe in detail how your entity creates community benefits through economic development, and how the proposal will provide ongoing benefits with impactful, measurable outcomes. Please also describe in as much detail as possible how the proposal benefits the City's disadvantaged and disproportionately impacted minority and low income communities.

### LEVERAGING PARTNERSHIPS AND RESOURCES:

Describe any plans your entity has for leverage partnerships, funding and other resources as part of this proposal to amplify and maximize the impact of ARAP funds to counter act the negative health and/or economic impacts of the COVID-19 pandemic.

### MANAGEMENT AND REPORTING CAPACITY:

Describe your entity's experience and capacity to manage, implement, measure and report on grant deliverables and uses of funds. Include your plan for managing, implementing, measuring, and reporting in the event you receive a grant award under this RFP.

### BUDGET AND FINANCIALS:

Please list and explain the total funding request for this grant using a budget narrative that breaks down the amount requested by line item. Proposers are strongly encouraged to request grant amounts that appropriately reflect their overall organization size, capacity, need, and alignment with ARPA's intent. The City reserves the right to award an amount less than the total requested, in its sole discretion. Matching funds are not required, however, the City encourages proposals that involve matching funds and/or a combination of entities partnering to share resources and amplify the impact of ARPA funds.

Proposers must also list any funds received from federal COVID-19 aid packages to date. Note: The City reserves the right to prioritize awards for proposers who have not previously received federal loans or grants (such as the Paycheck Protection Program, Economic Injury Disaster Loan, Shuttered Venue Operators Grant, Restaurant Revitalization Fund,







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