

Household RFP Cover Sheet

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

CONTACT INFORMATION FOR HOUSEHOLD

First Name: _____ Last Name: _____

Phone Number(s): Work: _____ Cell: _____ Home: _____

Email Address: _____

Are you a resident of the City of Springfield? _____ Yes _____ No

[Please be advised that proof of residency is required for submission with this Cover Sheet, in the form of a valid identification from the Commonwealth of Massachusetts or the United States Federal Government]

HOUSEHOLD INFORMATION

Household Address: _____
(Please include Zip)

Mortgage/Lease payment (per month): \$ _____ Lease/Mortgage Expiration Date: _____

Average Total Household Income (combined amount of money earned by all members of the household) per year over the previous three (3) years: \$ _____

How many people are currently living in the household? _____

Are you currently employed _____ Yes _____ No ; (if Yes - Full-Time: _____ or Part-Time: _____)

HOUSEHOLD DEMOGRAPHICS

Age of Residents (please provide the number of household members in each category):

_____ 18 years – 29 years

_____ 61 years – 80 years

_____ 30 years – 45 years

_____ 80+ years

_____ 46 years – 60 years

Please select all applicable demographic option(s) that apply to the residents of the household:

American Indian

African American/Black

Woman

Cape Verdean

Western Hemisphere Hispanic

Aleut

Eskimo

Asian

Other _____

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 or Korean Era Veteran |

APPLICATION REQUIREMENTS

COMMUNITY BENEFIT:

Describe in detail how the proposed use of ARPA funds for your household would create community benefits. Please also describe in as much detail as possible how your proposal benefits the City's disadvantaged and disproportionately impacted women, minority and low income communities.

LEVERAGING PARTNERSHIPS AND RESOURCES:

Describe any plans you have for leverage partnerships, funding and other resources as part of your 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.

REPORTING CAPACITY:

Describe your plan for implementing your proposed use of ARPA funds, and for measuring, and reporting in the event you receive a grant award under this RFP. Please be advised that the RFP process has been designed to be as user friendly as possible, however, recipients of awards will be responsible for providing regular reports to the City, inclusive of documentation demonstrating proper use of the funds.

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 need, and that their proposal is in 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. Combined proposals from a group of households can be submitted in response to this RFP, where households within a neighborhood have suffered common negative impacts from COVID-19, and are seeking funds to counter act those shared impacts in a coordinated, transformative effort.

Proposers must also list any funds received by any members of the household from federal COVID-19 aid packages to date. Note: The City reserves the right to prioritize awards for proposers/households 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, or were funded through the City of Springfield's CARES Act program or Prime the Pump Program). Proposers who previously received other Federal assistance are eligible for grants under this RFP so long as expenses are not duplicated.

A large rectangular box with a thin black border, containing 25 horizontal lines for writing. The lines are evenly spaced and extend across most of the width of the box, leaving a small margin on the left and right sides. The box is empty, with no text or markings on the lines.

A large rectangular box with a thin black border, containing 30 horizontal lines for writing. The lines are evenly spaced and extend across most of the width of the box, leaving a small margin on the left and right sides. The box is positioned in the center of the page, below the page number.