

2022 American Rescue Plan Act (ARPA)



Application Instructions

Applicant/Organization Information

Thank you for your interests in applying for American Rescue Plan Act (ARPA) funding. It is important to review the Request for Proposals (RFP) prior to completing the application. The RFP and application materials can be accessed from the City of Dover's website main page at www.cityofdover.com under Quick Links.

Important Dates*

- February 21st ARPA Funding Grant Applications Due
- March 1st ARPA Funding Presentations from Candidates
- March 3rd Application ranking and review committee meeting
- March 15th Notification of ARPA awards/grant agreements
- April 1st Grant term begins

* Proposed dates are subject to change

The Application

The ARPA application is an easy to complete fillable word and pdf document. Included in the application are references to exhibits that indicate documentation is required in the form of an exhibit. The information provided in both the fillable portion of the application and the required exhibits will be used to score and rank the applications. If you desire to cut and paste the correspondence from the grant application on a separate document with the attachments of the exhibits, that is permissible. Applicants scoring below 70 will not be selected for ARPA funding. Depending on the number of applications received, the highest ranking and scoring applicants will be selected based on funding levels.

Submitting the Application

The ARPA application is available online at: www.cityofdover.com under Quick Links. The ARPA application process will be an electronic application process. The application must be submitted electronically to arpadoverde@dover.de.us. Applications will not be accepted in any other format.

- Partial application submission will not be accepted. Please make sure to send the entire application package.
- Applications must be received no later than 5:00pm, Monday, February 21, 2022. No exceptions.

If you need assistance during the application process, please contact Tracey Harvey at (302) 736-7196 or arpadoverde@dover.de.us.

Applicant Organization Information

Organization Name:	Website URL:
Organization Type:	Federal Tax ID#
Street Address:	Mailing Address:
Contact Name:	Contact Telephone:
Contact Email:	

Applicant Declaration

I, the undersigned, as the Applicant, hereby apply to the City of Dover for American Rescue Plan Act (ARPA) funding and attest that the information provided in this application is, to my knowledge, true and accurate.

The Applicant certifies to the City of Dover that the Applicant is not in any way owned, operated, managed, controlled or otherwise affiliated with any person who has been found guilty or pled guilty to any crime, including a felony, misdemeanor or offense involving fraud, dishonesty, deceit, breach of trust, embezzlement or any other financial crime.

I fully understand that it is a Class A misdemeanor fine up to \$2,300, up to one (1) year in [prison, restitution, and other conditions as the court deems appropriate, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 11, Delaware Code, Section 1233.

Applicant understands the information submitted in this application is for the purpose of applying to the City of Dover ARPA funding consideration and that the acceptance of such submission does not constitute funding approval by the City of Dover.

By submitting this application, the applicant acknowledges and agrees that the application shall be deemed a public record for the purpose of the Delaware Freedom of Information Act (FOIA), codified at 29 Del. C. Section 1001-1005. Applicant acknowledges and agrees that any portion of the application, which is determined by the City of Dover to not constitute confidential financial trade secret information exempt from disclosure under the FOIA, shall be subject to public examination and copying.

I electronically certify that all of the above is true: Yes No

Legal Name of Applicant:

Name of Authorized Signer:

Title of Authorized Signer:

Signature:

Date: