

**County of Monmouth  
American Rescue Plan Act (ARPA)  
COVID-19 Community Recovery Grant Program  
Not-for-Profit Organizations  
Grant Budget Request**

INSTRUCTIONS: Complete the boxes shaded in green only. The Forms will populate based on your input.

Name of Organization:	
Service Address (Street, City, State and Zip Code):	
Name and Title of Principal Contact:	
Telephone Number:	
Email Address:	
Federal DUNS Number (If Applicable):	
Federal Tax ID Number (Required):	

Category	Amount Requested
COVID-19 Related Expenditures:	
Total Paid Eligible Expenditures 3/1/2020 through 3/28/2022 (From Worksheet B)	\$ -
Total Estimated Expenditures 3/29/2022 through 12/31/2022 (From Worksheet B)	\$ -
Subtotal - COVID-19 Related Expenditures	\$ -
Enhancement to Programs or Services:	
Total Estimated Expenditures 3/29/2022 through 12/31/2022 (From Worksheet C)	\$ -
Reduction to Revenues (Input Dollar Amount and Attach Detailed Analysis)	\$ -
<b>TOTAL GRANT FUNDS REQUESTED</b>	<b>\$ -</b>

**CERTIFICATION STATEMENT (REQUIRED):**

I understand and agree that incomplete Budget Forms will be rejected by the County.

I certify that All COVID-19 related expenditures reported for the period 3/1/2020 through 3/28/2022 were paid in cash.

I certify that all COVID-19 related expenditures reported for the period 3/1/2020 through 3/28/2022 are supported by complete, thorough and adequate documentation.

I understand and agree that I must submit a report to the County after all COVID-19 related expenditures and program expansion expenditures estimated for the period 3/29/2022 through 12/31/2022 are paid in cash.

I understand and agree that all COVID-19 related expenditures and program expansion expenditures estimated for the period 3/29/2022 through 12/31/2022 will be supported by complete, thorough and adequate documentation.

I certify that all expenditures reported above are net of any and all funds received from other Federal, State, Local, and private sources.

I understand and agree that if I am requesting reimbursement for a reduction to my organization's revenues that I must submit a detailed analysis demonstrating the pre-pandemic baseline for my organization's revenues and the total revenues received during the pandemic. I further understand and agree that the detailed revenue analysis for my organization is supported by financial statements. I certify that the detailed revenue analysis for my organization together with my organization's financial statements are attached hereto.

The undersigned acknowledges and understands that this grant request is an application for Federal COVID-19 Relief Funds. The undersigned certifies under penalty of perjury that everything contained in this application is true and correct.

**AUTHORIZED SIGNATURE:**

**NAME AND TITLE:**

**DATE:**

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<b>Name of Organization:</b>	0
<b>Service Address (Street, City, State and Zip Code):</b>	0
<b>Name and Title of Principal Contact:</b>	0
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<b>Email Address:</b>	0
<b>Federal DUNS Number (If Applicable):</b>	0
<b>Federal Tax ID Number (Required):</b>	0

<u>COVID-19 RELATED EXPENDITURES</u>	Total Paid Eligible Expenditures 3/1/2020 through 3/28/2022	Total Estimated Expenditures 3/29/2022 through 12/31/2022
Personal Protective Equipment (include masks, gloves, gowns, face shields)	\$ -	\$ -
COVID-19 Testing Supplies (including thermometers)	\$ -	\$ -
Social Distancing Signage, Tape and Related Items	\$ -	\$ -
Personal Sanitization Supplies (i.e. hand sanitizer)	\$ -	\$ -
Personal Sanitization Equipment, Dispensers and Touchless Fixtures	\$ -	\$ -
Disinfection and Specialized Cleaning Supplies	\$ -	\$ -
Disinfection and Specialized Cleaning Services (Contracted)	\$ -	\$ -
Electronic Payment Processing Equipment, Supplies and Service Fees	\$ -	\$ -
Equipment to Enhance Telework and Remote Capabilities	\$ -	\$ -
Improvements to HVAC Systems and Air Quality	\$ -	\$ -
Consultant Services to Advise on Mitigation Efforts	\$ -	\$ -
COVID-19 Related Training for Employees	\$ -	\$ -
COVID-19 Related Updates to Website and Marketing Materials	\$ -	\$ -
Additional Staffing Needed During COVID-19 Public Health Emergency	\$ -	\$ -
Other Category (please specify):		
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
<b>TOTAL GRANT REQUEST - COVID-19 RELATED EXPENDITURES</b>	<b>\$ -</b>	<b>\$ -</b>

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Email Address:	0
Federal DUNS Number (If Applicable):	0
Federal Tax ID Number (Required):	0

<u>ENHANCEMENTS TO PROGRAMS OR SERVICES</u>	Total Estimated Expenditures 3/29/2022 through 12/31/2022
Additional Staffing -Estimated Payroll Expenditures	\$ -
Additional Staffing -Estimated Employee Fringe Benefits Expenditures	\$ -
Additional Supplies and Materials	\$ -
Additional Equipment (Purchased)	\$ -
Additional Equipment (Rentals)	\$ -
Small Improvements / Upgrades to Facilities	\$ -
Other Category (please specify):	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
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	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
<b>TOTAL GRANT REQUEST - ENHANCEMENTS TO PROGRAMS OR SERVICES</b>	<b>\$ -</b>