COUNTY OF ALAMEDA AMERICAN RESCUE PLAN ACT (ARPA)
SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS

In response to the negative economic, health, and safety impacts of the COVID-19 pandemic on local non-profit and business organizations, the County of Alameda is launching a new program, the American Rescue Plan Act (ARPA) Supervisorial District Community Needs Cash Aid Grants program. This new program will infuse much needed cash aid into the community and spur Alameda County's economic recovery.

The County has allocated $3.1 million to each Supervisorial District for the ARPA Supervisorial District Community Needs Cash Aid Grants program with the goal that each Supervisorial District will provide cash aid grants that reflect the geographic and cultural diversity of Alameda County, prioritizing organizations operated by or serving populations and communities that were disproportionately impacted by COVID-19. Organizations that have experienced negative economic impacts caused by COVID-19 during the period March 1, 2020, to the present are eligible to apply for a cash aid grant under this program. Cash aid grants may be awarded beginning April 11, 2022, through September 30, 2024. Cash aid grants are subject to availability of funds within each Supervisorial District's $3.1 million allocation, eligibility of applicants, and any other relevant factors.

Through the application process, applicants must demonstrate and attest to the harm and economic loss sustained by the organization due to the negative impacts of the COVID-19 pandemic. Applications that are not adequately documented may be rejected. Additionally, not all worthy applications will necessarily be funded.

Eligible organizations may receive cash aid grants up to the maximum amount of $100,000 per Supervisorial District based on demonstrated and qualifying impacts. However, the total amount of cash aid grant funds awarded to an organization by the County as part of the ARPA Supervisorial District Community Needs Cash Aid Grants program cannot exceed the amount of the organization's losses due to the negative economic impacts of the COVID-19 pandemic. The ARPA guidelines require that the cash aid grants be reasonably proportional to the negative economic impacts they are intended to address. Economic losses that were reimbursed through insurance or other sources cannot be used to qualify for a cash aid grant. Each applicant is required to provide the demographic makeup of the organization and basic demographic information about the population served as part of the completed application.

All Alameda County ARPA Supervisorial District Community Needs Cash Aid Grants must be approved by the Board of Supervisors at a regularly scheduled meeting. By submitting an application, the organization agrees to maintain and provide records to the County during the U.S. Treasury Department audit period and agrees to fully cooperate with any audit by the County, the Federal government or their designees. If through an audit, or any other means, the County or US Treasury Department determines that because of fraud, misinformation provided by an organization, or for any other reason, that a cash aid grant is not an allowable ARPA expense, the applicant must agree to reimburse the funds to the County.

Community organizations and chambers of commerce located in and/or serving Supervisorial District 3 are welcome to apply for Supervisorial District 3 Community Needs Cash Grants.

Priority will be given to nonprofit service providers serving vulnerable populations in the District 3 neighborhoods most impacted by the COVID-19 pandemic, including unincorporated Hayward Acres and the San Antonio, Fruitvale, and Melrose neighborhoods of Oakland. Priority zip codes include: 94601,94606, 94621, and 94541. Priority will also be given to organizations that have not been able to access any previous COVID-19 relief funds.

District 3 will allocate the ARPA Cash Aid Grants in two rounds with each applicant eligible for a grant of up to $100,000. Applicants must demonstrate and attest to the economic loss sustained by their organization due to the negative impacts of the COVID-19 pandemic. The amount of economic loss experienced by the organization due to the COVID-19 pandemic must be equal to or greater than the amount of relief requested in the grant application.

How to apply: Complete the following application and forms. When all the information is completed, sign the W-9 and the application.To submit the application by mail, send to 1221 Oak Street, Oakland, CA 94612

Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1 -REQUIRED-

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. -*REQUIRED*-

   Street Address: _____

   City: _____

   Zip: _____

4. Applicant's Headquarters (if different than Mailing Address)

   Street Address: _____

   City: _____

   Zip: _____

5. Organization's Telephone Number -*REQUIRED*-

   _____

6. Organization's General Administration Email Address -*REQUIRED*-

   _____

7. Organization's Website URL

   _____

8. Contact Person regarding this application -*REQUIRED*-

   First Name: _____

   Last Name: _____

   Title: _____

   Telephone: _____

   Mobile Phone: _____

   Email Address: _____

9. Staff Member in main Leadership Position such as the organization's Executive Director.
   If organization has no staff members, please list the Board Member in the main Leadership Position. -*REQUIRED*-

   First Name: _____

   Last Name: _____

   Title: _____

   Telephone: _____

   Mobile Phone: _____

   Email Address: _____

10. Information about Applicant Organization -REQUIRED-

Current number of Full-Time Employees: _____

Current number of Part-Time Employees and Other Consultants and Contractors: _____

Current number of Board Members: _____

Please check the ONE that is most applicable

Business Ownership Ethnicity:

- ☐ African American or Black (>50%)
- ☐ American Indian or Alaskan Native (>50%)
- ☐ Asian (>50%)
- ☐ Caucasian (>50%)
- ☐ Filipino (>50%)
- ☐ Hispanic or Latino (>50%)
- ☐ Native Hawaiian or other Pacific Islander (>50%)
- ☐ Multi-ethnic minority ownership (>50%)
- ☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority)
- ☐ Decline to state

Business Ownership Gender Identity:

☐ Female (>50% ownership) ☐ Male (>50% ownership) ☐ Non-Binary (>50% ownership) ☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

13. Was the Organizations Negative Economic Impact reimbursed through insurance or another source?

Yes ☐
No ☐

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☐ Amount $ _____
No ☐

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☐ Amount $ _____
No ☐

If Yes Name of Funding Source:

16. Amount of Cash Aid Grant Requested: $ _____

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: _____

Applicant Signature: _____

Signed Date: _____

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

Give Form to the requester. Do not send to the IRS.

Print or type. See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN,* later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–		–				

or

Employer identification number

		–							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here **Signature of U.S. person** ▶ **Date** ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

Form 110-13-A Board District ARPA Grant Applicant
Revised 03-2022

ALAMEDA COUNTY DEPARTMENT REQUEST FOR COUNTY BOARD DISTRICTS TO ADD *BOARD DISTRICT ARPA GRANT APPLICANT* ALCOLINK SUPPLIER RECORD

Please see Instructions on reverse.

*****IMPORTANT FIRST STEP*****

Is the Applicant affiliated with and/or an Alameda County Employee/Board Member/Commissioner? ☐ Yes ☐ No

If Yes, there may a conflict of interest pursuant to Section 66 of the Alameda County Charter that requires further action.
Districts: Contact County Counsel to confirm there is no conflict of interest in order to proceed with this request.

Districts: Complete Items 1-3

1. Submitted by:

Name_____ District #_____

QIC_____ Phone_____ Email_____

2. Request to Add Supplier: ☐ New Supplier Is Request to Add a result of merger or acquisition? ☐ Yes ☐ No

If Yes: Previous Alcolink Supplier # _____ Previous Supplier Name _____

3. Request to Modify Existing Alcolink Supplier Number:_____

Check all that apply
☐ New Doing Business As (DBA) Name
☐ Name Change ☐ DBA Name Change
☐ New/Additional Address for Existing Supplier
☐ Replacement Address for Existing Supplier, Alcolink Address ID #_____
Is this the Remit To address? ☐ Yes ☐ No

Applicants: Complete Important First Step above and items 4-9

4. ARPA Grant Applicant Information:

Federal Tax ID Number _____

Supplier Full Legal Name _____

*Supplier Doing Business as (DBA) Name*_____

Supplier Contact Name _____

*PO/Street Address*_____

*City*_____*State*_____*Zip Code*_____

*Phone*_____*Email*_____

5. Type of Entity: ☐ *Individual* ☐ *Sole Proprietor* ☐ *Partnership* ☐ *Corporation* ☐ *Tax-Exempted/Non Profit* ☐ *Government or Trust*

6. Check all boxes that may apply to Alameda County payments Supplier may receive:

☐ *Goods Only* ☐ *Goods and Services* ☐ *Rents/Leases* ☐ *Rents/Leases Paid to You as the Agent*
☐ *Medical Services* ☐ *Legal Services* ☒ *Other ARPA Grant Applicant*
☐ *Settlement, Judgment, Refunds (If checked, skip 7, 8 and 9 below)*
☐ *Court-Appointed Services (If checked, skip 7, 8 and 9 below)*

7. Business Ownership Composition:

Is Supplier a publicly traded entity, a public school or a government? ☐ *Yes* ☐ *No*
Is Supplier a non-profit entity or a church? ☐ *Yes* ☐ *No*
Is Supplier an individual payee that is not providing goods or services to the County? ☐ *Yes* ☐ *No*

If "Yes" to any of the above, skip 8 and 9 below.

The collection of Business Ownership (8.) Ethnicity and (9.) Gender Identity data below is for County reporting purposes only; please check the ONE that is most applicable

8. Business Ownership Ethnicity:

☐ *African American or Black (> 50%)*
☐ *American Indian or Alaskan Native (> 50%)*
☐ *Asian (> 50%)*
☐ *Caucasian / White (> 50%)*
☐ *Filipino (> 50%)*
☐ *Hispanic or Latino (> 50%)*
☐ *Native Hawaiian or other Pacific Islander (> 50%)*
☐ *Multi-ethnic minority ownership (> 50%)*
☐ *Multi-ethnic ownership (50% Minority – 50% Non-Minority)*
☐ *Decline to State*

9. Business Ownership Gender Identity:

☐ *Female (> 50% ownership)* ☐ *Male (> 50% ownership)* ☐ *Non-Binary (> 50% ownership)* ☐ *Decline to State*