

**SAMPLE APPLICATION:  
ALL APPLICANTS MUST SUBMIT AN APPLICATION VIA THE  
SURVEYMONKEY LINK PROVIDED ON THE CITY WEBSITE**

ARPA Mental Health Fund Application

Organization Information

\* 1. Organization Legal Name

\* 2. EIN

\* 3. SAM.gov Unique Entity Identifier (UEI)

\* 4. Name of Organization Authorized Representative

\* 5. Address and Contact Information

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Email Address

Phone Number

\* 6. What is the starting date and ending date of your fiscal year?

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Subrecipient Evaluation Questions

**The City of Harrisonburg (City) is required under 2 CFR 200, Subpart D to assess the risk of noncompliance with Federal statutes, regulations, and the terms and conditions of the subaward of its subrecipients for purposes of determining the appropriate subrecipient monitoring level. This requirement includes an assessment of the subrecipient's history with Single Audits. This assessment ensures that federal funds are used for their authorized purposes and confirms that non-federal**

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**entities expending \$750,000 or more within a single fiscal year in federal funds from all federal sources have submitted a Single Audit.**

**Directions: Your organization must provide the following information by checking the appropriate boxes and filling in additional fields where applicable.**

\* 7. Single Audit

- We **did not** meet the \$750,000 federal expenditure threshold for our most recently completed fiscal year. A Single Audit or a Program Specific Audit is not required for this fiscal year.
- We **have met** the \$750,000 federal expenditure threshold for our most recently completed fiscal year.

\* 8. Were your organization's most recently completed fiscal year's financial statements audited?

- Yes
- No

\* 9. If your organization met the \$750,000 federal expenditure threshold for your most recently completed fiscal year as checked in Section A, was a Single Audit completed?

- Yes
- No

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Subrecipient Evaluation Questions

10. Were there findings related to any federal awards from the Single Audit?

- Yes
- No

11. Please attach the findings of your organization's most recent Single Audit or Program Audit to this form.

Choose File

Choose File

No file chosen

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Subrecipient Evaluation Questions

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\* 12. Does your organization have an accounting/financial management system in place that meets the standards of accurately recording, tracing, retaining, and accessing the receipt and expenditure of awarded funds, including any required match, to establish that such funds have been used according to the Federal statutes, regulations, and the Uniform Guidance? (See 2 CFR 200.302 - Financial Management)

Yes

No

\* 13. Does your organization have policies and procedures in place that provide effective control over, and accountability for, all funds, property, and assets sufficient to meet audit requirements and the financial management standards in 2 CFR 200.302?

Yes

No

\* 14. Does your organization have staff that is knowledgeable of compliance requirements related to federal financial assistance and determining whether costs are allowable expenses under federal grant programs that is sufficient to meet the financial management standards in 2 CFR 200.302?

Yes

No

\* 15. Does your organization have new personnel or new or substantially changed systems compared to the personnel and systems in place during your most recent audit?

Yes

No

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Project Information

\* 16. Project Title:

\* 17. How much funding are you requesting?

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Required Question: Statement of Need

\* 18. What problem or community need will your project address? Please provide data to support the need.

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Required Question: Target Population

\* 19. Who will your project target? How many do you estimate will be served? Please additionally describe how you will ensure a significant number of individuals served will be Harrisonburg residents.

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Required Question: Project Description

\* 20. Describe your project's plan to address the identified need(s) and reach the target population. Please justify the evidence-basis of your proposed solution(s) with data and/or published literature.

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Required Question: Priorities

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\* 21. Describe how the project aligns with one or more of the Mental Health Fund's priorities.

*Priority 1. Address at least one of the following barriers to mental health, behavioral health, or substance abuse treatment:*

- a. Transportation*
- b. Staffing*
- c. Inability to pay*

*Priority 2. Implement new best practice services to lead to positive results in the areas of mental health, behavioral health, and/or substance abuse OR support existing best practice programs that lead to positive results in at least one of these areas.*

*Priority 3. Increase community awareness of various mental health and behavioral health supports and services available in Harrisonburg and destigmatize the subject of mental illness and treatment.*

*Priority 4. Create data-driven, best practice solutions to other barriers to mental health, behavioral health, or substance abuse treatment or prevention as identified and justified by applicant-provided data.*

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Required Question: Goals, Objectives, and Outcomes

\* 22. Please provide the goals, objectives, and defined, measurable outcomes for the project.

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Required Question: Timeline

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\* 23. Provide a detailed description of the project's timeline for the entire period of performance. If necessary, applicants may optionally create a timeline diagram and submit it as Attachment 8. Any such timeline attachment may not be more than two pages long.

NOTE: Be sure to show that the project can be implemented before the ARPA expenditure date of December 31, 2026, and that service delivery can begin as soon as possible and no later than three months after the award.

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Required Question: Organizational Experience

\* 24. Describe your experience with the project, addressing the following: your history, experience, qualifications, and current capacity. Please provide a list of staff positions for those involved with the proposed project as Attachment 3.

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Required Question: Data Collection and Reporting

\* 25. How will you collect data for this project? How will the data be used to manage, monitor, and report to the City the impact of the program?

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Required Question: Required Question 9: Health Equity

\* 26. How does your proposed project advance health equity?



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Required Question: Budget and Budget Justification

\* 27. Complete the Project Budget included in the application package and upload the completed budget to the application portal as Attachment 2.

Provide a detailed and specific narrative justification of the items included in your proposed budget. Matching funds are not required. However, the budget justification must include a description of any existing resources and other support you expect to receive for the proposed project. Other support is defined as funds or resources, non-federal, or institutional in direct support of activities through fellowships, gifts, prizes, in-kind contributions, or non-federal means. Other sources of funds may be used for unallowable costs, e.g., meals, sporting events, entertainment.

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Bonus Question: 1: Sustainability

28. Do you plan to sustain this project once ARPA support ends? If so, how?

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Bonus Question 2: Partnerships

29. What other organizations will you be collaborating with to achieve maximum results? Letters of Collaboration or Memorandums of Understanding from each partner must be included as Attachment 9 to your application.

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Required Attachments

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\* 30. **Attachment 1** - Evidence of Nonprofit Status (IRS 501(c)(3) Determination Letter)

No file chosen

\* 31. **Attachment 2** - Budget

No file chosen

\* 32. **Attachment 3** - Staff Positions

No file chosen

\* 33. **Attachment 4** - IRS Tax Form 990, 990-EZ, or 990-N (990 or 990-EZ highly preferred)

No file chosen

\* 34. **Attachment 5** - An audit by an independent CPA, a financial review, or a compilation

No file chosen

\* 35. **Attachment 6** - State Corporation Commission Certificate of Good Standing

No file chosen

\* 36. **Attachment 7** - Listing of Current Board of Directors

No file chosen

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Optional Attachments

37. **Attachment 8** - Project Timeline

No file chosen

38. **Attachment 9** - Evidence of Partnership

No file chosen