

Advance McHenry County Application

Advance McHenry County is dedicated to the responsible administration of American Rescue Plan funds, investing in resilient public services and supporting community-driven projects to deliver inclusive, innovative, long-term benefits across the County as it recovers and transforms from the pandemic.

Advance McHenry County has announced several categories for community project proposals that will be awarded American Rescue Plan Act (ARPA) funding. Applications are open to agencies throughout the County, including community-based organizations, small businesses, non-profits, local governments, and similar entities.

Selected projects must align to a single Expenditure Category established by ARPA and will require ongoing reporting and compliance efforts. Applications will be evaluated across a range of factors, informed by federal reporting requirements and County priorities. These criteria include:

- Impact vs. effort
- Proposed project budget
- Project fiscal sustainability
- Project risks and uncertainties
- Leveraged funds (e.g., matching grants and collaboration)
- Structure for performance tracking
- Equity considerations
- Evidence-based practices
- Availability of other funding sources (e.g., eligibility for non-ARPA grants)

Successful applications should detail well thought-out project proposals that take full advantage of opportunities for communal collaboration, demonstrate clear need related to ARPA's eligible spending categories, document substantial benefits and evaluation metrics, and are accessible and inclusive for McHenry County residents.

Please note that this application is designed for streamlined review and evaluation of project proposals by McHenry County. Applicants that are selected to move forward for funding will have additional documentation requirements that will be communicated after initial submissions and based on the specific needs of their project(s).

Applications are open indefinitely and will be reviewed on a rolling basis. There is limited funding available.

Any questions, requests for technical or language assistance, or other feedback can be made via email with the McHenry County American Rescue Plan project team at ARP@mchenrycountyil.gov.

A. GENERAL INFORMATION

- 1) First Name: _____
- 2) Last Name: _____
- 3) E-mail Address: _____
- 4) Entity/Organization/County Department: _____
- 5) Entity/Organization/County Department Address: _____
- 6) Project Title: _____
- 7) Funding Request: \$ _____
- 8) Submission Date: ____ / ____ / ____
- 9) Estimated Start Date: ____ / ____ / ____
- 10) Estimated End Date: ____ / ____ / ____
- 11) Applicant Type (Circle One):

Private Enterprise

Non-Profit

Other Government

McHenry County Departments

B. RELATION TO ARPA FUNDING USES

Please provide the following information.

Below is a list of the eligible project categories that McHenry County can spend ARPA funds on. Every project must align to a *single Expenditure Category*. If multiple categories apply, please select the most relevant.

- 1) Please select the expense category for eligible expenditures for your request.

Expense Category		Reporting Requirements	
Public Health		Equity	Evidence-based
<input type="checkbox"/>	1.1 COVID-19 Vaccination	^	NA
<input type="checkbox"/>	1.2 COVID-19 Testing	^	NA
<input type="checkbox"/>	1.3 COVID-19 Contact Tracing	NA	NA
<input type="checkbox"/>	1.4 Prevention in Congregate Settings (Nursing Homes, Prisons, Work Sites, Schools, etc.)	NA	*
<input type="checkbox"/>	1.5 Personal Protective Equipment	NA	NA
<input type="checkbox"/>	1.6 Medical Expenses (including Alternative Care Facilities)	NA	NA
<input type="checkbox"/>	1.7 Capital Investments or Physical Plant Changes to Public Facilities (COVID-related)	NA	NA
<input type="checkbox"/>	1.8 Other COVID-19 Public Health Expenses (e.g., Communications, Quarantine)	NA	NA
<input type="checkbox"/>	1.9 Payroll Costs for Public Health, Safety, and Other Public Sector Staff (COVID-related)	NA	NA
<input type="checkbox"/>	1.10 Mental Health Services	NA	*
<input type="checkbox"/>	1.11 Substance Use Services	NA	*
<input type="checkbox"/>	1.12 Other Public Health Services	NA	NA
Negative Economic Impacts			

<input type="checkbox"/>	2.1 Household Assistance: Food Programs	^	*
<input type="checkbox"/>	2.2 Household Assistance: Rent, Mortgage, and Utility Aid	^	*
<input type="checkbox"/>	2.3 Household Assistance: Cash Transfers	^	*
<input type="checkbox"/>	2.4 Household Assistance: Internet Access Programs	^	*
<input type="checkbox"/>	2.5 Household Assistance: Eviction Prevention	^	*
<input type="checkbox"/>	2.6 Unemployment Benefits or Cash Assistance to Unemployed Workers	NA	*
<input type="checkbox"/>	2.7 Job Training Assistance (e.g., Subsidized Employment, Training, Supports, Incentives)	^	*
<input type="checkbox"/>	2.8 Contributions to UI Trust Funds	NA	NA
<input type="checkbox"/>	2.9 Small Business Economic Assistance (General)	^	*
<input type="checkbox"/>	2.10 Aid to nonprofit organizations	NA	*
<input type="checkbox"/>	2.11 Aid to Tourism, Travel, or Hospitality	NA	NA
<input type="checkbox"/>	2.12 Aid to Other Impacted Industries	NA	NA
<input type="checkbox"/>	2.13 Other Economic Support	^	*
<input type="checkbox"/>	2.14 Rehiring Public Sector Staff	NA	NA
Services to Disproportionately Impacted Communities			
<input type="checkbox"/>	3.1 Early Learning	^	*
<input type="checkbox"/>	3.2 Aid to High-Poverty Districts	^	NA
<input type="checkbox"/>	3.3 Academic Services	^	*
<input type="checkbox"/>	3.4 Social, Emotional, and Mental Health Services	^	*
<input type="checkbox"/>	3.5 Education Assistance: Other	^	*
<input type="checkbox"/>	3.6 Child Care	^	*
<input type="checkbox"/>	3.7 Home Visiting	^	*
<input type="checkbox"/>	3.8 Services to Foster Youth or Families Involved in Child Welfare System	^	*
<input type="checkbox"/>	3.9 Healthy Childhood Environments: Other	^	*
<input type="checkbox"/>	3.10 Affordable Housing	^	*
<input type="checkbox"/>	3.11 Services for Unhoused Persons	^	*
<input type="checkbox"/>	3.12 Housing Support: Other Housing Assistance	^	*
<input type="checkbox"/>	3.13 Social Determinants of Health: Other	^	*
<input type="checkbox"/>	3.14 Community Health Workers or Benefits Navigators	^	*
<input type="checkbox"/>	3.15 Lead Remediation	^	NA
<input type="checkbox"/>	3.16 Community Violence Interventions	^	*
Premium Pay			
<input type="checkbox"/>	4.1 Public Sector Employees	NA	NA
<input type="checkbox"/>	4.2 Private Sector: Grants to other employers	NA	NA
Infrastructure			
<input type="checkbox"/>	5.1 Clean Water: Centralized wastewater treatment	NA	NA
<input type="checkbox"/>	5.2 Clean Water: Centralized wastewater collection and conveyance	NA	NA
<input type="checkbox"/>	5.3 Clean Water: Decentralized wastewater	NA	NA
<input type="checkbox"/>	5.4 Clean Water: Combined sewer overflows	NA	NA
<input type="checkbox"/>	5.5 Clean Water: Other sewer infrastructure	NA	NA
<input type="checkbox"/>	5.6 Clean Water: Stormwater	NA	NA

<input type="checkbox"/>	5.7 Clean Water: Energy conservation	NA	NA
<input type="checkbox"/>	5.8 Clean Water: Water conservation	NA	NA
<input type="checkbox"/>	5.9 Clean Water: Nonpoint source	NA	NA
<input type="checkbox"/>	5.10 Drinking water: Treatment	NA	NA
<input type="checkbox"/>	5.11 Drinking water: Transmission & distribution	NA	NA
<input type="checkbox"/>	5.12 Drinking water: Transmission & distribution: lead remediation	NA	NA
<input type="checkbox"/>	5.13 Drinking water: Source	NA	NA
<input type="checkbox"/>	5.14 Drinking water: Storage	NA	NA
<input type="checkbox"/>	5.15 Drinking water: Other water infrastructure	NA	NA
<input type="checkbox"/>	5.16 Broadband: "Last Mile" projects	NA	NA
<input type="checkbox"/>	5.17 Broadband: Other projects	NA	NA
Revenue Replacement			
<input type="checkbox"/>	6.1 Provision of Government Services	NA	NA

*If you selected an Expenditure Category with a * or ^ beside it, additional information will be required in sections F and G.*

Project Description

- 2) Please provide a description of this proposed project, including the needs that it addresses.

- 3) What are the goals, and outcomes of the proposed project? *For example, what is the quantified risk reduction or the number of people who will benefit relative to dollars spent?*

- 4) Who are the stakeholders involved in this project? *For example, who will be affected by this project? What, if any, other organizations are involved?*

C. BUDGET AND FINANCE

PLEASE PROVIDE THE FOLLOWING INFORMATION.

- 1) Please fill out the attached **ARPA Budget Template** spreadsheet and use it to report the breakdown of your anticipated costs for this project in the following table.

Cost	2022	2023	2024	2025	2026
Personnel	\$	\$	\$	\$	\$
Contracts	\$	\$	\$	\$	\$
Commodities	\$	\$	\$	\$	\$
Capital	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$

- 2) Please share any major budget uncertainties or unknowns that might impact this project.

- 3) Are there any project costs that would not be covered by ARPA? What, if any, other funding sources will be leveraged?

- 4) Describe any available funding alternatives for this project? *For example, are there other grants available to fund this project? Are there opportunities to leverage non-County ARPA funds?*

- 5) Are there any known alternatives for this project to accomplish the same project goals? If so, why is the most efficient and most economical way to meet the goals and objectives? *For example, are there more costs effective options to achieve the same goal?*

- 6) Will there be ongoing project costs beyond ARPA? Is there a plan to sustain the project long-term after the ARPA funds are no longer available, if applicable? *Please answer in detail and share any supporting documentation (e.g., alternative revenue plan, service model continuum, potential additional partners, organizational strategy).*

D. LABOR PRACTICES

Please provide the following information.

- 1) Is this an infrastructure project related to Expenditure Categories 5.1 – 5.17 listed in section A?
- ☐ Yes ☐ No ☐ Unsure

If no, skip this section. If yes or unsure, please describe in detail workforce practices, including the use of project labor agreements, community benefits agreements, prevailing wage requirements, and local hiring.

E. COMMUNITY ENGAGEMENT

Please provide the following information.

- 1) Is this the result of a community request or a community-identified need?
- ☐ Yes ☐ No ☐ Unsure

Describe how the project will capture diverse feedback from constituents, community-based organizations, and the communities themselves. Include how this engagement will impact people who face significant barriers to service (e.g., English-limited, socioeconomic, and other underserved groups).

F. EQUITABLE OUTCOMES

Please provide the following information.

McHenry County is required to report whether certain projects primarily serve disadvantaged communities. **Please review the Expenditure Category (EC) you selected in Section 1. If the EC has a ^ symbol after it, you must fill out this section.** All applicants are encouraged to fill out this section.

- 1) Please describe any particular historically underserved, marginalized, or adversely affected groups that you intend to serve with this project.

- 2) Please explain how you are making residents or businesses aware of this project and its services.

- 3) What differences are there in access to benefits and services across groups served by this project? Do any groups require supports to achieve equal opportunity to access services?

- 4) Describe any project outcomes focused on closing gaps, reaching universal levels of service, or disaggregating progress by race, ethnicity, or other (related) equity dimensions.

- 5) Service Region: Where will the services or benefits of this project's intervention be located? If at multiple sites, please indicate all locations.

Address 1: _____

Address 2: _____

Address 3: _____

- 6) Please indicate the zip code(s) where your project will take place.

- | | | | | |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|---------------------------------------|
| <input type="checkbox"/> 60001 | <input type="checkbox"/> 60033 | <input type="checkbox"/> 60071 | <input type="checkbox"/> 60098 | <input type="checkbox"/> 60180 |
| <input type="checkbox"/> 60012 | <input type="checkbox"/> 60034 | <input type="checkbox"/> 60072 | <input type="checkbox"/> 60102 | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> 60013 | <input type="checkbox"/> 60039 | <input type="checkbox"/> 60080 | <input type="checkbox"/> 60142 | |
| <input type="checkbox"/> 60014 | <input type="checkbox"/> 60050 | <input type="checkbox"/> 60081 | <input type="checkbox"/> 60152 | |
| <input type="checkbox"/> 60021 | <input type="checkbox"/> 60051 | <input type="checkbox"/> 60097 | <input type="checkbox"/> 60156 | |

- 7) Does your project *primarily* (+50%) serve disadvantaged communities?

- ☐ **Yes**, the project/service (or majority of sites) is located in a [Qualified Census Tract \(link\)](#).
- ☐ **Yes**, a majority of the project/service's intended beneficiaries lived in a Qualified Census Tract.
- ☐ **Yes**, primary intended beneficiaries earn under [60% median income in McHenry County \(link\)](#).
- ☐ **Yes**, over 25% of the intended beneficiaries fall below the [federal poverty line \(link\)](#).
- ☐ **No**, it does not.

G. EVIDENCE-BASED PRACTICES

Please provide the following information.

McHenry County is required to report regularly on the status of *certain* ARPA-funded programs.

Please review the Expenditure Category (EC) you selected in Section 1. If the EC has a * symbol after it, you must fill out this section. All applicants are encouraged to fill out this section.

All subrecipients whose project(s) fall under these Expenditure Categories must report quarterly on the information described in this section.

Unclear or insufficient performance metrics may require follow up revision in the application period before projects can be approved.

- 1) Is this project intervention supported by a base of formal, peer-reviewed evidence, or is it undergoing project evaluation to gauge its effectiveness?

☐ Yes

☐ No

☐ Unsure

Please explain

- 2) What measurable benefits or outcomes can reasonably be expected if this request is funded?

Please explain

- 3) Please fill out the table below to illustrate likely changes expected as a result of award of ARPA funding.

Performance Measure	Current Output/Outcome	Expected Output/Outcome

- 4) What specifically will be the data that will be reported in the County's ARPA database on a **quarterly** basis for this project?

Please explain

H. PROJECT ADMINISTRATION

- 1) If you are a non-County applicant, please describe any experience that your agency has managing federal grant funds in the past.

- 2) Does your organization have written policies and/or procedures with internal controls identified? *Approved applicants may be required to provide such documentation, depending on the nature of their project(s).*

☐ Yes☐ No☐ Unsure

- 3) Identify the contact information for the person or persons responsible for planning, implementation, follow-up, and reporting.

First / Last Name: _____

E-Mail: _____

- 4) Identify the contact information for the person who will be responsible for record keeping.

First / Last Name: _____

E-Mail: _____

- 5) Identify the contact information for the person who will be responsible for financial management.

First / Last Name: _____

E-Mail: _____

There are limits on the use of other Federal fund sources when used in conjunction with ARPA funds to sustain new projects.

- 6) Has or will this expense be submitted for reimbursement through another federal or state relief program?

☐ Yes☐ No☐ Unsure

- 7) Is this expense eligible for reimbursement through another federal or state relief program, such as FEMA Public Assistance?

☐ Yes☐ No☐ Unsure

- 8) Will ARPA funds supplant or lead to reductions of existing project revenues or budgets?

☐ Yes☐ No☐ Unsure

If yes, please provide the specific budget impact on revenues and/or expenses.
