



# American Rescue Plan Application for Non-Profits

City of East Wenatchee  
Finance Department  
271 9<sup>th</sup> Street NE  
East Wenatchee, WA 98802  
(509) 884-9515 EastWenatcheeWa.gov

APPLICANT INFORMATION		
Organization Name		Contact Name (and Position, if applicable)
Mailing Address		City, State      Zip Code
Phone #	Email	Website

ORGANIZATION INFORMATION			
FEIN #	WA State UBI #	<input type="checkbox"/> Municipality	<input type="checkbox"/> Federal Non-Profit
		<input type="checkbox"/> Non-Profit 501(c)	<input type="checkbox"/> Other _____
<b>Service Area % (up to 100%)</b> _____% East Wenatchee    _____% Wenatchee    _____% Douglas County (Uninc.)    _____% Chelan County (Uninc.)			
Mission Statement/Purpose			
Description of Organization's main function			

FUNDING REQUEST	
Amount Requested	Do you plan to apply for, or have you already applied for funds, from other jurisdictions? <input type="checkbox"/> Yes <input type="checkbox"/> No
\$	If yes, please identify: Jurisdiction _____ Amount \$ _____
How will the funding be used?	
<b>The statute allows the funds to be used in several independent categories; Department of Treasury's rules and guidance describes eligibility criteria for each category. Please indicate which category(s) your request falls under:</b>	
<input type="checkbox"/> Public Health	Funding COVID-19 mitigation efforts, medical expenses, behavioral healthcare, and certain public health and safety staff.
<input type="checkbox"/> Economic Hardship	To address negative economic impacts caused by the public health emergency, including economic harms to workers, households, small businesses, impacted industries, and the public sector.
<input type="checkbox"/> Revenue Loss	To replace lost public sector revenue, using this funding to provide government services to the extent of the reduction in revenue experienced due to the pandemic.
<input type="checkbox"/> Water, Sewer and Broadband Infrastructure	Invest in water, sewer, and broadband infrastructure, making necessary investments to improve access to clean drinking water, support vital wastewater and stormwater infrastructure, and to expand access to the broadband internet.



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## INDEMNIFICATION & HOLD HARMLESS AGREEMENT

The undersigned certifies on behalf of the applicant organization (“Applicant”) that the information given in this application is accurate and that the undersigned is authorized by the Applicant to sign and submit this application on the Applicant’s behalf. Incomplete application forms will not be considered. By submitting this application, the Applicant acknowledges that this is not a guarantee of funding and that the City of East Wenatchee’s American Rescue Plan Committee (ARPC) reserves the right to award funds at their discretion, which may include partially funding applications.

**Applicant agrees to Indemnification and Hold Harmless Agreement. Applicant also agrees to abide by the ARPC’s final decision, which is based solely on the information provided on this application.**

\_\_\_\_\_ Applicant Printed Name/Position      \_\_\_\_\_ Applicant Signature      \_\_\_\_\_ Date

-----DO NOT WRITE BELOW THIS LINE – Office Use Only-----

<b>Funding Approved:</b>	<b>Mayor</b>	<b>Finance Director</b>
<b>Date Approved:</b>		
<b>Councilmember</b>	<b>Councilmember</b>	<b>Councilmember</b>