

**Application for Emergency Assistance to Bisbee Non-Profit Organizations**

Name of Non-Profit: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

I verify that the above-named non-profit is in good standing with the Arizona Corporation Commission.

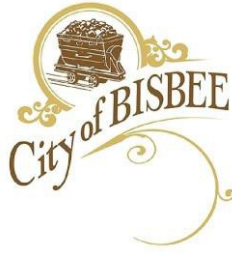
Please state the need for emergency assistance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name Printed: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Supplemental Application for Emergency Assistance**

1. Please provide any additional reasons as to why you are seeking American Rescue Plan Act (ARPA) funds:

---

---

---

---

2. Do the requested funds replace funding or revenues lost as a direct result of COVID-19?

a.  YES       NO

b. If yes, please include an explanation of measure's taken in attempt to avoid such losses: \_\_\_\_\_

---

---

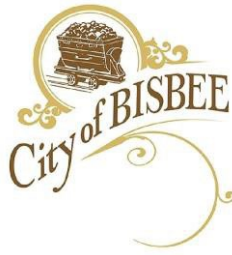
3. Please provide a detailed statement of how the funds will be used, including, but not limited to, if the funds will be spent within the City of Bisbee?

---

---

---

---



4. How will the investment in your organization have a direct and meaningful impact on the Bisbee community?

---

---

---

---

5. What do you hope to see as the outcome from your use of the ARPA funds?

---

---

---

---

6. Has the organization secured any other sources of COVID-19 related funding?

a.  YES       NO

b. If yes, please list:

---

---

---

7. FINAL REPORT: We kindly request you submit a description to the City of Bisbee, reporting how any ARPA funds that you received were utilized to benefit your organization.