

**WEBB COUNTY AMERICAN RESCUE PLAN ACT SUB AWARD**  
**Letter of Intent to Apply**

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Date:

Honorable Tano Tijerina  
Webb County Judge  
Webb County Courthouse  
1000 Houston Street (3<sup>rd</sup> Floor)  
Laredo, Texas 78040

Re: ARPA-Letter of Intent to apply for \_\_\_\_\_  
(Name of Applicant)

Dear Judge Tijerina:

In accordance with the Webb County American Rescue Plan Act (ARPA) Sub-recipient Monitoring Policy Goals and Procedures, please accept this “*Letter of Intent to Apply*” for grant funds under this solicitation.

On behalf of \_\_\_\_\_ (applicant), please accept our letter of intent to apply for the Webb County ARPA Sub Award. As the Non-Governmental Organization (NGO) we respectfully request authorization to apply for a grant in the amount of \$\_\_\_\_\_ from Webb County ARPA Sub Award as a Sub-recipient for the funding, enhancement and/or creation of \_\_\_\_\_ (*specific project/activity*). Your favorable review of the following information required under the American Rescue Plan Act and Webb County Sub-Recipient Monitoring Policy, Goals and Procedures and consideration for authorization to develop and submit the grant proposal shall be appreciated.

Please fill out sections below. If you should need more space to fill out sections, attach a separate sheet to the letter of intent.

**General Information:**

A. Project Title: \_\_\_\_\_

B. Project Description:  
& Location \_\_\_\_\_  
\_\_\_\_\_

C. Please provide identified eligible category and sub category. Only one category per application.

Eligible Category: \_\_\_\_\_

Eligible Sub-Category: \_\_\_\_\_

D. NGO Contact Person: \_\_\_\_\_

E. NGO (Non-Governmental Organization) Contact Person's E-Mail and Telephone number:  
(956) \_\_\_\_\_ and E-Mail \_\_\_\_\_.

F. All NGOs (Non-Governmental Organization) that request a grant application award from the County shall be and are required to comply with and shall participate in providing proof of compliance with any and all special conditions and/or federal reporting requirements for the American Rescue Plan Act State and Local Fiscal Recovery Fund in order to ensure compliance.

G. How many grants has this organization managed? \_\_\_\_\_

Funding Source: \_\_\_\_\_

Funding Amount: \_\_\_\_\_

Please list grants, both active & closed \_\_\_\_\_

H. Any organization applying for funds must have and provide written proof of the following:

1. Tax exempt status under IRS Section 501 (c) (3); and/or
2. A Charter from the Texas and/or other (State) Office of Secretary of State; and;
3. A Certificate/Letter of Good Standing from the Office of the Texas and/or other Secretary of State, and;
4. A resolution from its Board of Directors or Governing Body defining its status and;
5. An accounting system that is in accordance with generally accepted accounting principles (GAAP) and;
6. Been in operation (providing services) for at least one year and;
7. Income expense report from the prior fiscal year and;
8. Single Audit Report and;
9. Active System of Award Management- (SAM) System of Award Management Registration. Provide screenshot of webpage showing active registration as an attachment.

- Does NGO have an active System of Award Management (SAMs) registration?

( ) Yes ( ) No

10. DUNS Number – Sub-recipient shall first register and obtain a designated DUNS number (U.S. Data Universal Numbering DUNS System number) for its organization/entity.

DUNS Number: \_\_\_\_\_

11. Federal Tax ID Number: \_\_\_\_\_

I. Project Time Frames:                      Start Date: \_\_\_\_\_  
Ending Date : \_\_\_\_\_  
Project Duration: \_\_\_\_\_  
Benchmark Timeline \_\_\_\_\_

J. Project Area: \_\_\_\_\_

K. All responses will require support documentation.

**Project Analysis:**

- 1) What are the community needs related to the COVID-19 Pandemic, services, low income families, and/or other issues and/or problems will be addressed by this project?
- 2) Does this project propose any monetary grant-funded stipends, incentive pay, supplement pay?
- 3) What are the annual and/or monthly, and/or other operating and maintenance costs of the grant funded project activities that will be funded by the American Rescue Plan Act Sub-recipient?
- 4) How many individuals are estimated to assisted by the grant funded project activities that will be funded by the American Rescue Plan Act Sub-recipient and in what way? Please explain.
- 5) Please provide the name of the NGO (Non-Governmental Organization) contact person/ representative that will be coordinating with and shall be responsible for providing required documentation to the Webb County Economic Development staff with the copy of the submitted grant application and exhibits.

**Financial Analysis**

A. Type of Request: Grant

Amount of Request: \$ \_\_\_\_\_  
Amount of Cash Match/In-Kind \$ \_\_\_\_\_  
Total Project Costs: \$ \_\_\_\_\_  
Funding Activity: \_\_\_\_\_

B. What wording or commitments will be included in the grant application for ‘continuity of activities’, ‘project sustainability plan’ or ‘funding of activities’ after the grant has ended? Please explain in detail.

**For Economic Development Department Office Use Only:**

**IV. APPLICATION REVIEW COMMENTS**

A. STAFF COMMENTS:

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

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

\*Please use link below for references:

<https://home.treasury.gov/system/files/136/SLFRF-Compliance-and-Reporting-Guidance.pdf>

<https://www.webbcountytx.gov/EconomicDevelopment/AmericanRescuePlanGrantProgram/ARPA%20Sub-recipient%20Webb%20County%20-%20Monitoring%20Policy.pdf>