



**AMERICAN RESCUE PLAN ACT
Expenditure Request**

This fillable form is available on our website: www.leecountyil.com

SECTION 1: PROGRAM OVERVIEW/ELIGIBILITY

Lee County is the recipient of Coronavirus State and Local Fiscal Recovery Funds, established by the American Rescue Plan Act (ARPA) of 2021. The Lee County Board established an ARPA Committee to make recommendations to the Board on funding allocations which meet eligibility guidelines and respond to local needs. Pursuant to the Act, funding objectives include supporting the COVID-19 Public Health Response, addressing negative economic impacts, replacing public sector revenue loss, premium pay for essential workers, and water, sewer, and broadband infrastructure.

For more information on U.S. Treasury’s ARPA guidelines and eligibility go to: [U.S. Treasury - ARPA Information](https://www.treasury.gov/press-releases/Pages/2020/ARPA%20Information.aspx). For information on the Lee County ARPA program, email Sara Leisner, Lee County ARPA Grant Coordinator at arpa@countyoflee.org.

SECTION 2: REQUESTING AGENCY/DEPARTMENT CONTACT INFORMATION (PLEASE PRINT)

Agency _____ Agency Phone _____
Agency Address _____
Agency Representative _____ Title _____
Representative Email _____ Phone _____

SECTION 3: REQUEST OVERVIEW

Brief Description of Project/Expenditure: _____

Estimate of the Timeline for Project/Expenditure: _____

ARPA Category this Expenditure Falls Under:

- Support COVID-19 Public Health Response
- Address Negative Economic Impacts
- Replace Public Sector Revenue Loss
- Premium Pay for Essential Workers
- Water and Sewer Infrastructure
- Broadband Infrastructure

Have you sought other funding or matching funds for this project? Yes No

If yes, from where: _____

Total Project Cost: \$ _____ ARPA Funding Request: \$ _____ Other Funding/Match: \$ _____

SECTION 4: DETAILS OF PROJECT/EXPENDITURE (ATTACH TO THIS APPLICATION)

Please attach a narrative detailing the project, including an explanation of how this expenditure meets the ARPA eligibility guidelines, any additional details on the project costs (including if the cost is an estimate), other funding sources, and the project timeline. Attach the narrative along with all supporting documentation to this application.

SECTION 5: SIGNATURE

I hereby depose and say that I am an authorized representative of the Agency, that I have read this application, that I have personal knowledge of the contents thereof, that the same is true in substance and fact, and that I will comply with all grant and reporting requirements to Lee County on behalf of the Agency.

Signature of Agency Representative

Date

Email this application and all supporting documentation to Sara Leisner, Lee County ARPA Grant Coordinator at arpa@countyoflee.org.