List of Letter of Intent (LOI) Requirements

Requirements:

1. Primary Applicant (Organization Name):* The Primary Applicant is the entity with responsibility for financial oversight of the project.
2. Organization Address
3. Organization Tax ID Number (TIN) or Employee ID Number (EIN) as applicable
4. Organization DUNS Number, as applicable
5. Do you have a Unique Entity Identification (UEI) from SAM.gov?
   a. Enter your UEI
6. Primary Contact Name
7. Primary Contact Email
8. Primary Contact Phone Number
9. Primary Applicant Organization Type
   a. Non-Profit Organization
   b. For-Profit Organization
   c. Governmental Organization
10. Will you be collaborating with other organizations? If yes, please list them and their tax status (Non-Profit; For-Profit; Government)
11. Project Scope (check one):
    a. Town specific
    b. Sub-regional (multiple towns)
    c. Regional (residents may benefit regardless of where they live on Cape Cod)
       i. Enter towns if regional
12. Project Eligible Use Expenditure Category:
    a. Choose Project Category. Select the Project Category which best represents your project. Adjustments can be made if your project is selected for application. Consult the list of Expenditure Categories you downloaded at the beginning of this process.
       i. NOTE: Read and download the list of Expenditure Categories for your reference. https://home.treasury.gov/system/files/136/SLFRF-Final-Rule-Overview.pdf
13. Provide a Working Title for your project
14. Estimated Project Start Date
15. Estimated Project Completion Date (Date cannot exceed 12/31/2026)
16. Total Project Cost (How much will your project cost, ARPA plus all other sources?)
17. Amount requested from Barnstable County ARPA
18. Please explain other sources of funding (if any) (1,000 characters maximum)
19. Upload budget as MS EXCEL SPREADSHEET FILE (Line item with justifications). NOTE: Use the template that was provided for you at the beginning of this form
    a. NOTE: Download and complete this Budget Template.

20. Project Narrative (Maximum 7,500 characters): *What do you plan to accomplish with this project (identify problem(s)? * How do you plan to accomplish this project (expected outcome and specific benefits)? *How do you plan to use the funds?
21. Please list project staff and their roles (Maximum 2,500 characters)
22. Project Schedule and Key Milestones and Dates (Maximum 2,500 characters)
23. Identify your organization type and you will be prompted to upload appropriate documents
    a. Non-Profit Organization
        i. IRS Form 990
        ii. Financial Statements (if available)
        iii. Registration (MA Form PC)
        iv. Additional documentation from Primary Applicant to be uploaded (optional)
    b. For Profit Organization
        i. Federal Tax Returns, (2-3 years) (NOTE: you must combine multiple years into a single document)
        ii. Financial Statements (if available)
        iii. Business Registration/Articles of Incorporation
        iv. Additional documentation from Primary Applicant to be uploaded (optional)
    c. Governmental Organization
        i. Financial Statements (if available)
        ii. Single Audit Report (if available)
        iii. Additional documentation from Primary Applicant to be uploaded (optional)
24. You will be asked to affirm that you are willing and able to comply with the application term and conditions
25. You will be required to please sign your name (use your mouse or finger to draw your signature in the form)