



Loudoun County

VIRGINIA

WHERE TRADITION MEETS INNOVATION

Data Gathering Worksheet

for the 2021 Nonprofit and Faith-based Organizations ARPA Application

Note that is document ONLY contains the questions that require a written narrative/response.

Please refer to and complete the application in its entirety online at:

www.Loudoun.gov/grantopportunities

Part I. Organizational Information

Provide a brief (1 sentence) overview of your request.

Part II. Services

Please identify the need created by, or negative impact caused by the COVID-19 public health emergency on your organization.

Please provide detail on how the requested funds will address the identified need or impact.

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If funds will be used for a specific program or service, please describe that program in the context of your larger organization, in the questions below. However, if you are applying for operational costs for the organization as a whole, please give an overview of all programs and services offered to Loudoun residents in the questions below.

Please describe how you calculated your projections. Are these unduplicated counts?

Service Expansion (this section is only shown if Service Expansion is chosen)

Provide a written description of your service expansion specifically related to your organization's direct assistance to residents negatively impacted by COVID. Please include the method of service delivery, timeline for implementation, population served, partnerships, and expected outcomes.

Food Assistance (this section is only shown if Food Assistance is chosen)

Provide a written description of your food assistance services specifically related to your organization's direct assistance to residents negatively impacted by COVID. Please include the method of service delivery, timeline for implementation, population served, partnerships, and expected outcomes.



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Service Interruption (this section is only shown if Service Interruption is chosen)

Provide a written description of service modifications or suspensions that have impacted your ability to serve residents that have been negatively impacted by COVID.

Provide a written description of your plan to resume services, either modified or adapted, with this funding. Please include the modified or adapted method of service delivery, timeline for implementation, population served, partnerships, and expected outcomes.

Continuity of Service (this section is only shown if Continuity of Service is chosen)

Provide a written description of your continuity of services, specifically related to your organization's direct assistance to residents negatively impacted by COVID. Please include the method of service delivery, timeline for implementation, population served, partnerships, and expected outcomes.



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Questions For All Applicants

Please provide a description of your organization's long term, 2022 and beyond, recovery plan. Please include any fundraising efforts, service changes, and other notable plans.

Please list the steps your organization has taken to promote long term sustainability.

Please describe innovations and adaptations your organization has made in response to COVID in the last year.



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Please identify those innovations and adaptations that you plan to continue to enhance your service model going forward.



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Part III. Funding Request

Please describe by category the services for which you are requesting funding. If you are requesting administrative and operating expenses, please describe the services or departments associated with those expenses.

If requesting funds for administrative expenses, please provide detail of how these expenses were funding pre-COVID.



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Please provide detail on how program and administrative expenses will be funded in the future. This should align with your sustainability plan as described in the program section of this application.

Jul 1 – Dec 31, 2021
Program

Administrative

Jan 1 – Dec 31, 2022
Program

Administrative

Jan 1 – Dec 31, 2023
Program

Administrative



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Part IV. Financial Information

Please provide a brief narrative of your organization's financial changes, either positively or negatively, as a result of the pandemic. For example, if the organization's revenue decreased, what was the reason – decreased donations, closure, etc.

Please use this space to explain any special considerations on your attached financial information. If any document requested above has not been provided, please explain.