

## Ector County Request for American Rescue Plan Act Funds Form

Ector County was the recipient of ARPA funds from the U.S. Department of the Treasury. By submitting this form, you are requesting ARPA funds from Ector County.

Date: \_\_\_\_\_  
Name of Person Requesting Funds: \_\_\_\_\_  
Entity Name: \_\_\_\_\_  
Contact Information Address \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_  
EIN# \_\_\_\_\_

Please provide a detailed statement identifying the usage of the ARPA funds. Statement should include dollar amount requesting, number of Ector County residents that benefit from the project, equipment needs, jobs created, economic impact to the community, and sustainability of project after ARPA funds have been depleted, and ability to meet ARPA compliance regulations.

List any and all funds and equipment received from ALL federal and state entities due to COVID. These should include but not be limited to the following: CARES, FEMA, TDEM, RFAs, DSHS, HHS, Medicare, PPP & Tax Credits, Division M: Coronavirus Response and Relief Supplemental Appropriations Act Fund Program. If funding was received, list how it was used examples: wages, equipment, bonuses, employee incentives and retention, PPE, training, loss revenue and any and ALL other expenses uses.

Have you received ARPA funds from any other entity?

If you answered yes, please list the entity, amount, and what the funds were used for.

If requested funds exceed \$ 1 million, please provide a current financial statement and most recent audited financial report.

## Affidavit of Truth

This affidavit is submitted to request American Rescue Plan Act Funds from Ector County, Texas.

I have reviewed and understand the ARPA Final Rule, 31 CFR Part 35, [Federal Register / Vol. 87, No. 18 / Thursday, January 27, 2022] and the ARPA Terms and Conditions:

[https://home.treasury.gov/system/files/136/NEU\\_Award\\_Terms\\_and\\_Conditions.pdf](https://home.treasury.gov/system/files/136/NEU_Award_Terms_and_Conditions.pdf)

I swear or affirm that the information that I have submitted to receive American Rescue Plan Act Funds is true and correct. I also understand that any willful dishonesty may render for refusal of this application. I understand that making a false statement may constitute a crime of perjury.

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Signature of Person requesting funds

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Printed Name

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Date Signed