

East Central Neighborhood American Rescue Plan (ARP) Fund Application

Applications are open from January 1st- February 15th, 2024. Please send completed applications to 715 E Washington Street Muncie IN 47305 or drop them off in a sealed envelope in the mailbox. The ARP Subcommittee and ECNA board will review all applications for eligibility and will contact you directly. You must live in the East Central Neighborhood Boundary to apply. Contact ARP Subcommittee Chair Jason Donati with any questions at 765-228-1808 or j.debo.donati@gmail.com.

Please Fill out the Following Information to the best of your ability:

Name: ______ Phone number: ______
Address: _____ e-mail: ______

Name and contact info of the homeowner, if different than the above:

Name: _____ Phone number: ______
Address: _____ e-mail: ______

I am not the sole owner of this property. I certify that I have permission to complete this project from the property owner.

Signed: ______

Printed Name: ______

Fund Eligibility and Guidelines

- Funds can be used for exterior projects. Examples include windows, doors, paint, landscaping, fencing, driveways, railing, roof, patches, etc.
- Emergency Utility (Sewer, water, electric, gas) assistance is available.
- Emergency or past due healthcare bills are eligible.
- Interior housing projects are eligible.
- Renters are eligible for smaller projects.
- You can only apply for one residence.
- Projects must be completed within 3 months of receiving money.
- Neighbors who are requesting similar services are encouraged to apply together. (Ex: both want to gravel parking spaces, install curbside landscaping together, install common fencing or landscaping.) Neighbors are also encouraged to work together when possible.
- Preference is given to joint applications or applications with neighbor references.
- Must have experienced a negative economic impact or economic harm as a result of the COVID-19 pandemic such as a loss or decrease in income and/or increase in household expenses.

Name and contact information of a neighbor who agrees this is a good idea:	
Please name any neighbors assisting or applying together with you for this project (if any):	
Please describe what you would like to use the funds for:	

^{*}A neighborhood subcommittee will review every application to determine its eligibility for funding. Include as much info as possible such as utility shut

off letters, copies of healthcare betc.	vills, quotes from contractors for housework,	
Itemized budget:		
Total amount of project: \$		
How much are you able to put to TOTAL AMOUNT REQUESTED: \$_	mined by the approval team may require hiring a	
By signing below, the applicant co	ertifies that:	
	ovide or allow before and after photos of notos may be used in the reporting ood project.	
(2) The applicant experienced a negative economic impact and/or economic harm as a result of the COVID-19 pandemic, which is a loss or decrease in income and/or increase in necessary household expenses. Please explain negative impact or harm:		
Signed:	Date:	
Applications will be approved at Funded in full Funded in part. Amount: Funding denied. Reason:		