

Faulkner County
American Rescue Plan / Coronavirus State and Local
Fiscal Recovery Funds Application

Organizational information:

Name or organization: FAULKNER COUNTY OEM/911

Physical address: 57 ACKLIN GAP ROAD CONWAY AR 72032

Mailing address: 801 LOCUST STREET CONWAY AR 72034

Email: SHELIA.BELLOTT@OEM911.NET

Phone: 501-450-4935

CEO or Executive Director information:

Name: SHELIA BELLOTT

Email: SHELIA.BELLOTT@OEM911.NET

Phone: 501-450-4935

Brief qualifications statement: OEM DIRECTOR

Financial Officer or Director information:

Name: TOM ANDERSON

Email: TOM.ANDERSON@FAULKNERCOUNTY.ORG

Phone: 501-450-4900

Brief qualifications statement: _____

Who is the contact person for this application?

Name: SHELIA BELLOTT

Email: _____

Phone: _____

Entity type or IRS registration: (501(c)3, LLC, sole proprietorship, etc.)

Brief history of the organization:

Financial information:

1. Have you received other state or federal grant funds in the past three years? If so, list the grant name, the organization from whom it was received, the amount of funding received, and the status of the grant expenditure.

NO

2. Please Attach your organization's audits from 2019, 2020, and 2021 if available.

3. What is your organization's annual budget? Please attach a copy of your 2020, 2021, and 2022 budgets.

2020 790,424.95

2021 547,945.57

2022 563,398.33

4. The applicant certifies that any funds received through this Faulkner County granting program are fully subject to federal regulations and affirms that the funds will be properly spent in compliance with the American Rescue Plan Act of 2021. The applicant further affirms that financial controls are in place such that each expenditure under the grant will be fully documented and that such documentation will be open to the public and submitted to the County for audit. The applicant understands that all aspects of their use of the grant are open to the public and subject to the Freedom of Information Act.

About your request:

5. Please indicate under which category of eligibility under ARPA your organization is applying: PUBLIC HEALTH AND ECONOMIC IMPACTS-RESPONDING TO COVID 19

- Public Health and Economic Impacts – Responding to COVID-19
- Public Health and Economic Impacts – Responding to Negative Economic Impacts
- Investments in Infrastructure – Water and Sewer
- Investments in Infrastructure – Broadband

6. Briefly and clearly state how your project responds to the COVID-19 crisis:

BY CONSOLIDATION OF THE 911 DISPATCH CENTER WHO TAKES 911 CALLS AND SENDS RESPONDER TO THE LOCATION OF PATIENTS

7. Does your project have a county-wide impact? If so, please describe.

YES, ALL RESIDENTS IN FAULKNER COUNTY DEPEND ON 911 SERVICE.

8. Please describe your project including the following information (in any order): What will this project accomplish? How will those goals be measured? How do these goals relate to the goals of the American Rescue Plan Act (ARPA)?

MANDATORY CONSOLIDATION OF THE TWO PSAPS IN FAULKNER COUNTY

9. Please attach a project budget. If the project includes construction or third-party services, please provide their estimates.

PROJECT IN STILL ONGOING

10. Are other funds part of the budget besides ARPA funds? If so, please list other sources of funding and a copy of their funding commitment, if available.

NO

11. Please describe the organization's financial management practices that will ensure audit compliance.

ANNUAL LEGISLATIVE AUDITS ARE CONDUCTED

12. What is the total dollar amount that is being requested from Faulkner County?

\$1,500,000.00

13. Have you received other ARPA or CARES Act funds? If so, how much have you received?

NO

Authorized Representative: The signature indicates that I have been authorized to submit an application requesting funding for the proposed project and to the best of my knowledge and belief, all data contained in this application is true and correct. If the application is approved for funding, I am authorized to sign any applicable documents on behalf of the applicant.

SHELIA BELLOTT

Type Name


Signature

OEM/911 DIRECTOR

Title
6/14/2022

Date

When completed return by mail or drop-off
to: Faulkner County Judge's Office
801 Locust Street
Conway, AR 72034