



AMERICAN RESCUE PLAN ACT(ARPA)
FUNDING APPLICATION & NARRATIVE FOR
LEHIGH COUNTY BASED NON-PROFIT ANIMAL WELFARE AGENCY
FUNDING

Date: _____

Organization: _____

Mailing Address: Street address _____

City, State, Zip code _____

Contact person: _____

Title: _____

Phone: _____

Email address: _____

Amount of ARPA funding requested: \$ _____

Narrative of how the organization plans to utilize the ARPA funding along with associated operational costs: attach narrative as a separate sheet of paper and include with your application.

1. Briefly describe the goals of your organization: _____

2. Describe the benefits to the animals if your organization receives ARPA funding: _____

3. Describe the geographic area served by the organization: _____

4. Number of staff employed by the organization, their responsibilities, and why those responsibilities are critical to the proper functioning of the facility: _____

5. Provide statistics on the animals assisted by your organization including adoptions, fosters, TNR, trainings, veterinary services, and euthanasia:
