



City of Scranton
American Rescue Plan Act (ARPA)
State Local and Fiscal Recovery Funds (SLFRF)

Notice of Funding Availability
2.36 Aid to Other Impacted Industries: Local Arts Community

Federal Assistance Listing Number (ALN): 21.027

Application Questionnaire

Applicant Organization Name: _____

Organization Address: _____

Applicant Name: _____

Applicant Email: _____

Please answer the following questions and submit this form with your grant application on Neighborly in the section labeled “**H. Required Documents**”, under the heading, “*Completion of additional documents as required and stated in the City of Scranton Notice of Funding Availability Grant Guideline Document*”

1. Please identify which NAICS code your organization falls within. *If your organization falls within multiple NAICS codes, please identify the code that contributes to 51% or more of your organization’s revenue.*

The link below will take you to the NAICS code website. Please review the NAICS codes descriptions on the website before answering.

[Six Digit NAICS Codes: 71 Arts, Entertainment, and Recreation | NAICS Association](#)

- NAICS Code: 711510 - Independent Artists, Writers, and Performers
- NAICS Code: 711110 - Theater Companies and Dinner Theaters
- NAICS Code: 711130 - Musical Groups and Artists
- NAICS Code: 711120 - Dance Companies

2. In the space below, please provide the number of **full-time** employees in 2019 Q4:

2019 Q4:

3. In the space below, please provide the number of **part-time** employees in 2019 Q4 (You may also indicate this as number of Full-Time Equivalents. For example, if your organization considers 40 hours full time, and there are two employees working 20 hours per week, those two employees would be 1.0 FTE):

2019 Q4:

4. Have you had to reduce your number of employees (either full time, part-time, or a general reduction in hours) at any point since March 2020 through the present? If so, please briefly describe. To be considered eligible, your organization must have experienced some degree of loss in employment.

Yes

No

5. How many TOTAL estimated residents or households does the organization serve on an annual basis? (Please provide estimated numbers depending on how service is tracked. Estimated ranges are acceptable).

6. How many estimated BLACK OR AFRICAN AMERICAN residents or households does the organization serve on an annual basis? (Estimated ranges are acceptable).

7. How many estimated HISPANIC/LATINO residents or households does the organization serve on an annual basis? (Estimated ranges are acceptable).

Certifications

GRANT PREPARER CERTIFICATION: I hereby certify that the statements and documents submitted herein are true and the funds requested adhere to the City of Scranton Grant guidelines. Please acknowledge by signature below.

Organization Name: _____

Authorized Official Name (Print): _____

Title: _____ Date: _____

Signature: _____