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FEB 15 2022

Faulkner County  
American Rescue Plan / Coronavirus State and Local FAULKNER CO. JUDGE  
Fiscal Recovery Funds Application

Organizational information:

Name or organization: Faulkner County Sheriffs Office Reserve Unit  
Physical address: 801 Locust St. Conway Ar 72034  
Mailing address: Same  
Email: brian.tyner@fcso.ar.gov  
Phone: 817-689-1109

CEO or Executive Director information:

Name: Commander Monty Harper  
Email: Monty.Harper@fcso.ar.gov  
Phone: 501-472-1090  
Brief qualifications statement: Commander of the Unit

Financial Officer or Director information:

Name: Sgt. Brian Tyner  
Email: brian.tyner@fcso.ar.gov  
Phone: 817-689-1109  
Brief qualifications statement: Grants & Project Director FCsOR

Who is the contact person for this application?

Name: Brian Tyner  
Email: brian.tyner@fcso.ar.gov  
Phone: 817-689-1109

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

501c4

Brief history of the organization:

A group of volunteers  
Duties for FCsO

that supplement all law Enforcement

**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. *None None*
  
2. Please Attach your organization's audits from 2019, 2020, and 2021 if available.  
*None*
  
3. What is your organization's annual budget? Please attach a copy of your 2020, 2021, and 2022 budgets. *None*
  
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 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:  
*Our Deputies respond to Covid positive citizens on a daily basis*

7. Does your project have a county-wide impact? If so, please describe.  
*We have contributed 1,700 man hours of volunteer time during the pandemic for all areas of Law Enforcement*

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)?  
*This allows more officers on the street to respond to the influx of medical calls during the pandemic. All volunteer hours are tracked to measure the impact the unit is making*

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

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.

*None*

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

*All financial matters are controlled by a board of five people*

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

~~22,000~~

22,160.75

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

None

**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.

Brian Tyrer  
Type Name

Sgt  
Title

Brian P Tyrer  
Signature

2-07-22  
Date

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