

NCRF Small Business Application

* Required

1. Email address *

2. Business/Nonprofit Name *

3. Business Owner/Executive Director Name *

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4. Primary Contact Email *

5. Street Address *

6. Town/City *

7. Zip Code *

8. Primary Contact Phone Number *

9. Website and/or social media links

Business Profile

10. Type of Entity (Sole prop, 501(c)(3) non profit, LLC, S Corp, etc)? *

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11. Please check the box that most aptly describes your business type. *

Check all that apply.

- Retail brick and mortar
- Nonprofit
- Bar/restaurant/winery
- Home-based small business
- Hospitality/Tourism/Events
- Gym/fitness
- Health and wellness

Other: _____

12. Please describe your business or non profit's mission and its primary source of revenue: *

13. Who is your typical customer/client/participant/member/student? *

14. Number of Full-time & Part time Employees pre Covid19? *

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15. How many years have you been in business? *

Impact of COVID-19 and Grant

16. Describe your need. How has the pandemic affected your daily operations? How has your business adapted to the changing environment? (Please specify the impacts on revenues, customers/participants, number of employees, modified business model, length of closure, etc.) *

17. Describe your planned use of funds. How will these funds help you stay in business? Include the timeline for implementation. *

18. Please describe how your business is creating a COVID-safe environment for your patrons and/or employees. *

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19. All grantees of the Nevada County Relief Fund must be in compliance with Nevada County Public Health guidelines. By initialing below, you hereby self-certify that your business is complying with all local and State guidelines. (see instructions for links to County webpage) *

20. Requested Amount (no punctuation, dollar amt) *

Supporting Materials

- 21. A template budget spreadsheet has been provided on the application page for you to download and fill out. Please use the provided form, and upload here as a pdf or Excel spreadsheet. *

Files submitted:

- 22. Have you applied and been approved for any other credit or disaster relief including PPP, EIDL, expanded credit line, SBA economic injury loan, or home equity, and if so, how much? *

- 23. What was your total gross revenue for 2019? *

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- 24. What was your net income for 2019? *

- 25. What is the total current debt balance for your organization? *

- 26. Please upload a 2020 Year to Date Business Profit and Loss Statement (pdf) *

Files submitted:

27. Please upload your most recent federal tax return (1040 schedule C, 990, 1120, 1120S etc. Nonprofits who do not meet the IRS filing threshold should submit the most recent 2 annual Profit & Loss statements): *

Files submitted:

28. Please select the tax form you uploaded in the previous question: *

Mark only one oval.

- 1040 Schedule C
- 990
- 1120
- 1120S
- Annual Profit & Loss Statement for prior two fiscal years
- Other: _____

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COMPLIANCE WITH STATE AND LOCAL GUIDELINES

We, the undersigned, attest that we are in good standing with state and local government licensing and oversight entities, including but not limited to compliance with COVID 19 guidelines for closure, re-opening, employee safety, and customer/participant/student safety.

NON-DISCRIMINATION

We, the undersigned, certify that this organization does not discriminate in its employment practices, volunteer opportunities or delivery of programs based on race, religion, gender, national origin, age, disability, veteran status, marital status, sexual orientation, or any other characteristic protected by law.

We, the undersigned, hereby state that the information presented in this application is complete and factual. By typing our names below and submitting this application, we confirm our authority and have notified and secured approval from all parties. We hereby agree that funds, if granted, will be used only for the purpose described above unless written approval from the Nevada County Relief Fund.

GRANT AGREEMENT

A grant from the Relief Fund is to be used only for the purposes described herein and is subject to the grantee's acceptance of the conditions specified below. Reviewing the grant agreement now will expedite payment if a grant is approved.

Purpose and Use of Funds: CRF funds must be spent by December 30, 2020. Grant funds may not be used for any expenses incurred prior to March 1, 2020. No changes may be made in timing or budgetary use of the grant funds without the Relief Fund's advance written approval. Confirmation of grant expenditure will be required as part of the "required reports" (see below).

A grant award does not guarantee that the applicant will be funded at the requested level and successful applicants may be funded at a lesser amount than requested

Compliance with Applicable Laws: Grant recipient shall comply with any and all federal, state and local laws, codes, ordinances, rules and regulations, and the permitted uses and expenditures of the CRF grant funding. In addition, recipient shall maintain strict adherence to all orders and guidance pertaining to the COVID-19 pandemic issued by the Governor of California, the State Public Health Officer, County Public Health Officer, and/or the Nevada County Director of Environmental Health.

Failure to comply with this Section shall constitute a Material Breach of this Agreement and a basis upon which the Nevada County Relief Fund, managed by Sierra Nevada Memorial Hospital Foundation, may immediately terminate this Agreement without notice. Furthermore, grant recipient's material breach herein shall entitle the Nevada County Relief Fund, for which SNMH Foundation serves as fiscal sponsor, to any/all damages, including the amounts of judgments, reimbursements, penalties, interest, court costs, legal fees, and all other expenses incurred by County resulting therefrom.

Required Reports: All applicants awarded CRF funds are to report no later than January 31, 2021, identifying the use of funds. Reports should include:

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Business/Organization Agreement

1. Confirmation that grant funds have been used; demographic data including number of people served, specific needs addressed, and services provided and program results; and
2. Copies of general ledger (or similar accounting) for the receipt and disbursement of CRF monies; receipts of purchases and contracts and/or subcontracts made with these funds; and
3. Confirmation that all documentation supporting the award will be retained for at least five (5) years as specified in the Federal regulations linked here:

<https://home.treasury.gov/system/files/136/IG-Coronavirus-Relief-Fund-Recipient-Reporting-Record-Keeping-Requirements.pdf>

Public Information: The Relief Fund requests that grantees announce grants upon receipt of the grant payment. Your organization may be listed on our website and you may be asked to participate in short video or press release promoting success of grant awardees.

29. Do you understand and agree to the terms and requirements of this grant? If you have any questions, contact info@nevcorelief.org *

Mark only one oval.

- Yes
 No

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30. By entering your name in the box below, you are effectively providing your signature, indicating that you agree to the terms and requirements of this grant: (Must be Business owner or Executive Director/equivalent) *
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