

Organizational Profile:

* Required

1. Email address *

2. What is the name of your organization?: *

3. What is the name of your organization's Executive Director?: *

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4. Phone Number (numbers only, no parentheses or dash): *

5. Organizational Contact Name: *

6. Organization Email (please enter the email you would like to use for official correspondence): *

7. What is your organization's address? *

8. What is your organization's website and/or social media info? *

9. Briefly describe your organization and its impact on Nevada County. Be sure to highlight how your organization serves vulnerable people by providing safety net services. (150 words or less) *

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10. What geographic areas do you normally serve? (20 words or less) *

11. Application Title or Project Name (10 words or less). Provide a brief one-line phrase to describe this request. *

12. Requested Amount (number only, no dollar sign or comma) *

13. Describe your need. How has the pandemic affected your daily operations? How has the pandemic impacted the people you serve?(300 words or less) *

14. Briefly describe your request. Include how grant funds would be used and specific service gaps to be addressed caused by COVID-19. Please include the number of people served, demographics, and geography with a description and duration of services. (300 words or less) *

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15. How will you measure the impact of this grant? Explain how proposed activities will benefit the community and how you will know the community benefited? Will the impact of this grant be sustainable, where appropriate?(200 words or less) *

16. If funded, would you be willing to promote participation in the 2020 Census? *

Mark only one oval.

Yes

No

Supporting Materials:

Please create a table or spreadsheet based upon the following with your expected use of funds. Please upload here.

17. Tell us how you intend to use these funds. Please create a spreadsheet or table based upon the following and upload a copy.

Expense Category	Use of Grant Funds
Staff	
Administration	
Capital Costs	
Supplies	
Other - describe	
Other - describe	
TOTAL	

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Files submitted:

18. Please upload your operating budget for the current fiscal year, with a year-to-date budget to actual comparison. pdf only *

Files submitted:

19. Please upload a current balance sheet. pdf only *

Files submitted:

20. Please provide proof of your 501(c)(3) status such as an IRS determination letter or your EIN. *

Files submitted:

Organization Staffing and Governance:

21. Number of full-time employees: *

22. Number of part-time employees: *

23. Number of contract workers: *

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24. Number of regular volunteers: *

25. Number of occasional volunteers: *

26. Names of Board Members: *

27. Executive Director or Authorized Representative *

28. List of top partners or funders: *

29. How are you keeping workers and volunteers safe? (75 words or less) *

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We, the undersigned, certify that the practices of this organization conform to the nondiscrimination policy as follows. This organization does not discriminate in its employment practices, volunteer opportunities or delivery of programs on the basis of 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 given written approval from the 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).

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:

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.

A grant award does not guarantee that the applicant will be funded at the requested

Organization Agreement

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level and successful applicants may be funded at a lesser amount than requested.

30. 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

31. 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: *

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