

COVID-19 NON-PROFIT GRANT PROGRAM

Full Legal Name of Organization

Organization Type

Organization FEI/EIN DUNS #

Physical Location Address--
include all locations

Street Number Street Name

<input type="text"/>	<input type="text"/>
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City State Zip Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Organization Contact Information

Contact Person

Contact Title

Contact Email Address

Contact Phone Number

Website if applicable

Did the organization operate a physical location in Riley County, KS on March 1, 2020? Yes No

Is the organization registered and active on March 1, 2020? Yes No

Number of FTE Employees as of March 1, 2020 (not including 1099 or subcontractors)

Provide the names and state of residence of all board members

Basic Description of the Organization/Goods and/or Services provided in Riley County, KS (500 words max)

Organization Interruption / Impacts of COVID-19

Did your organization receive any COVID-19 relief funds or support from other sources? If yes, how much?

Yes No

Did your organization experience interruption as a result of the COVID-19 global pandemic?

Yes No

Did the organization have to close due to state or local health orders?

Yes No

Is the organization continuing to operate fully, remotely, partially, or is it shut down completely (choose the best describes current operations)

- Fully Operating
- Remotely Operation
- Partially Operating
- Closed Down Completely

Describe the disruption the COVID-19 global pandemic has caused for the organization (500 words max)?

Acknowledgements

You must check all items below for your application to be considered complete

- I acknowledge that all of the information herein is accurate to the best of my knowledge as of the date of application submission.
- I acknowledge that as of this date the organization is current with all taxes owed.
- I acknowledge that submission of a grant application does not constitute an award of funding.
- I acknowledge that applicants and grantees for this program are responsible for following the rules, regulations, and contract stipulations of loan and grant programs regardless of the source of funds; furthermore, I acknowledge that it is the responsibility of a grantee to use and report on all funds appropriately whether sourced from local, County, State, and/or Federal government programs.
- I acknowledge that all grant funds awarded that are not expended by November 1, 2020 per the program guidelines and grant contract will need to be returned to Riley County, KS. Additionally, I acknowledge that all grant funds not spent in accordance with the program guidelines and/or grant contract will need to be repaid to Riley County, KS.
- I acknowledge the organization is responsible for properly reporting and paying all tax obligations to the state and federal government as a result of this grant award.
- I acknowledge that if my organization is awarded grant funds, one or more parties in the organization will be required to sign an affidavit requiring that grant funds will be used as stipulated by the program guidelines and grant contract. Furthermore, I acknowledge that any unused funds will be returned and that any use of funds that violates the grant contract may result in legal action including prosecution.

Submission Confirmation

Please print your name, as it appears on your photo identification below. This certifies that you have legal authority to submit this grant on behalf of the applicant and also you affirm that the information contained in the application is true and correct and is made subject to penalty of perjury. You also affirm that if awarded this grant, all required reporting will be completed such that it will be true and correct and will be made subject to the penalty of perjury.

Signature _____