NON-PROFIT COVID-19 ASSISTANCE SUPPLEMENTAL GRANT

TO BE COMPLETED BY APPLICANT

Name of Organization: _____

Name of Principle Officer(s): _____

Organization Address: _____

Contact Person Name and Title: _____

Contact Person E-mail: _____

Contact Person Phone: _____

Organization Type (select one):

☐ **Nonprofit Corporation** ☐**Trust** ☐ **Association** ☐ **Other**_____

Tax-exempt status (select one):

☐ **501(c)(3)** ☐**501(c)( )←(insert no.)** ☐ **4947(a)(1) or** ☐ **527**

Please mark what type of assistance you are seeking grant funding for:

☐**Payroll** ☐**Lease Payment** ☐ **Telework equipment costs**

☐ **Personal Protective Equipment (PPE)** ☐ **Facility Readiness**

☐ **Reimbursement of loss revenue due to Organization interruption**

cost (must provide a schedule)

ELIGIBILITY VERIFICATION

1. Is your organization a small with at least one and no more than 100 full-time employees that has been deemed non-essential under the County of the Governors' Order?

   Yes ☐ **No** ☐

2. Is your organization small Organization with at least one and no more than 100 full-time employees that has been deemed essential under the Governors Order 2020?

   Yes ☐ **No** ☐

3. Have you enclosed a completed copy of the Estimated Disaster Economic Injury Worksheet and certify that the Organization has experienced a loss of income as a result of COVID-19?

   Yes ☐ **No** ☐

4. Have you enclosed a current copy of the W-9?

   Yes ☐ **No ☐**

5. Do you operate out of a physical commercial site within the County limits of San Benito County?
   Yes ☐ **No ☐**

6. Has the organization been in operation in the County of San Benito for at least one year as of March 1, 2020?

   Yes ☐ **No ☐** **Organization Start Date: _____**

7. Has the organization or the applicant ever been involved in a bankruptcy or insolvency proceeding?

   Yes ☐ **No ☐**

8. Does the organization or the applicant have any outstanding judgments, tax liens, or pending lawsuits against them?

   Yes ☐ **No ☐**

9. In the past year, has the organization or the principle officer been convicted of a criminal offense committed during and in connection with a riot or civil disorder or other declared disaster, or ever been engaged in the production or distribution of any product or service that has been determined to be obscene by a court of competent jurisdiction?

   Yes ☐ **No ☐**

10. Is the organization or the applicant delinquent on any federal taxes, direct or guaranteed federal loans (SBA, FHA, VA, student, etc.), federal contracts or federal grants?

    Yes ☐ **No ☐**

11. Is the applicant currently suspended or debarred from contracting with the federal government or receiving federal grants or loans?

    Yes ☐ **No ☐**

12. Is the applicant presently a) subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction; b) been arrested in the past six months for any criminal offense; c) or for any criminal offense - other than a minor vehicle violation - 1) been convicted, 2) plead guilty, 3) plead nolo contendere, 4) been placed on pretrial diversion, or 5) been placed on any form of parole or probation (including probation before judgment)?

    Yes ☐ **No ☐**

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13. Can we share your contact information with our local Organization organizations providing services and advocating on behalf of the Organization community?
    Yes ☐ No ☐

Have you received SBA Paycheck Protection Program (PPP) or SBA Economic Injury Disaster Loan (EIDL) or other SBA, government or other grant source related to COVID-19 or grant funding from the County of San Benito in the past? If yes, please describe when, how much was received, and how the funds were used. Describe what other forms of assistance you have sought, are seeking, or have obtained?

_____

_____

_____

By my signature below, I have read and understand the Non-profit Assistance Grant Program, and I declare under penalty of perjury under the laws of the State of California that the information contained in this application is true and correct. I further make the following representations and acknowledge agreement to the following terms and conditions:

- In no event shall the County's financial responsibility exceed the approved amount, set forth below.
- I bear full responsibility for any and all tax consequences of receiving grant funds including, but not limited to, issuance of a 1099 by the County/Community Foundation.
- There is no agency, employment, joint venture or other such relationship created by virtue of award of the grant. The County does not endorse the specific organization.
- Applicant shall defend and indemnify the County/Community Foundation and its employees from and against any claim, injury, liability, loss, cost and/or expense or damage including all costs and reasonable attorney's fees, arising from or alleged to arise from the activity or event.
- The representations made by applicant in this Application are material terms of the Agreement, as is compliance with COVID-19 Relief Fund Program. If any terms have been violated, or any provision of the Grant Program has been violated.

Applicant Signature:_____ **Date:** _____

NON-PROFIT COVID-19 ASSISTANCE SUPPLEMENTAL GRANT

TO BE COMPLETED BY COMMUNITY FOUNDATION

Grant Application Received Date? _____

Grant Application Granted? **Yes** ☐ **No** ☐

If yes, list amount of grant: _____

If no, provide reason for denial: _____

Grant Payment Date: _____

If no, has notification been sent to applicant? Yes ☐ **No** ☐

Approval of Officer Signature: _____ **Date:** _____

Post-award Audit Completion Date: _____

Signature of Staff Person Completing the Post-award Audit: _____