



JACKSON COUNTY CARES ACT 2020

NON-PROFIT ORGANIZATION GRANT APPLICATION

In order to qualify for this grant, the Applicant Non-Profit Organization (referred to herein as “Applicant” or “Organization”) must demonstrate the Coronavirus (COVID-19) Pandemic adversely affected the Applicant’s delivery of the goods, services, and/or programs it provides to the community. Please note that this funding may not be used to replace lost revenues (such as due to diminished fundraising efforts or otherwise). However, funding may be provided to support Non-Profit Organizations that experienced COVID-related impacts such as: increased supply chain costs due to COVID-19, increased demand for the goods/services provided by the nonprofit due to COVID-19, the need to adapt the non-profit through the implementation of PPE/social distancing or technological measures to ensure the nonprofit can safely continue to deliver the goods/services it offers, etc.

Threshold Criteria:

- Applicant must have current IRS designation as a 501(c)(3); active incorporation as a non-profit or charitable organization in the State of Florida;
- Ability to demonstrate an increased level of service provision due to COVID 19 or disruption in operations or program delivery expenses due to COVID-19 (e.g. due to increased supply chain costs or increased demand attributable to COVID-19);
- Ability to demonstrate the need to adapt the Organization through the use or implementation of PPE, social distancing measures, enhanced cleaning and sanitation, and/or technological measures to ensure the nonprofit can safely continue to deliver the goods/services it offers, etc.
- Ability to demonstrate that services provided are necessary and essential to the community, how the program/services work, number of clients/households served, etc.;
- Ability to demonstrate that services provided are not new programming since declared emergency.

In the space below, type a description of the goods, services, and/or programs your organization provides and why they are necessary and essential to the community. Attach additional supporting documentation as necessary.

Section 1. APPLICATION SIGNATURE AND CERTIFICATIONS

- I and the Applicant Organization certify that I have the authority to legally bind the Applicant Organization applying for this grant.
- I acknowledge and agree that the County may request additional supporting documents or records from me at any time including, but not limited to, bank statements, financial statements or information, receipts, other financial documents, and documentation concerning the goods, services, and/or programs provided by the Applicant non-profit organization. Any additional documents or records requested must be provided. Failure to submit a complete Application with required documents attached, or failure to timely submit any additional supporting documents requested by the County may result in your Application being delayed or denied.
- In the event Applicant is selected to receive an Award from the County under the County's CARES Act 2020 – Non-profit Organization Grant Program, Applicant agrees to retain records and documentation substantiating all expenditures using Award funds for a minimum of five (5) years from the date of any Award and to produce such records and documentation to the County upon request. Applicant acknowledges and agrees that County or its agent(s) or employee(s) shall be entitled to access any of Applicant's records and supporting documentation related to this Application during regular business hours and upon request as may be necessary to conduct a full and complete audit of the records, to prevent fraud in this grant process or to ensure compliance with federal requirements. Applicant shall fully cooperate with County or its agent(s) or employee(s) and shall timely respond to any requests for such records. At the end of such five (5) year period, Applicant will allow County to copy all such records, if desired by County.
- Applicant acknowledges and agrees that all funds from the Award will be used solely to pay for or reimburse "Eligible Expenses" as defined in the Application that were incurred by Applicant between March 1, 2020 and December 30, 2020. In the event it is determined that any of the Award funds were used for ineligible or unallowable expenses or Applicant has otherwise failed to comply with all terms and conditions of the Award, Applicant will be required to repay the Award to the County promptly upon demand. In the event the State of Florida or the federal government at any time demands the return of all or any portion of the Award paid to Applicant, Applicant shall be solely liable for any such amounts and shall return the full amount of the Award in question to the County promptly upon demand.
- I and the Applicant Organization certify and affirm that should the Applicant Organization be selected to receive an award from the County through the County's CARES Act 2020 – Non-profit Organization Grant Program, the Applicant Organization shall not use any portion of the award for any expenses that have been or will be paid for on behalf of or reimbursed or otherwise provided to the Applicant by insurance or other private funding sources or any local, state, or federal funds, including but not limited to funds from the Paycheck Protection Program (PPP), an Economic Injury Disaster Loan (EIDL), or Florida's Emergency Bridge Loan

Program. I and the Applicant Organization acknowledge and agree that the Applicant is required to repay to the County, or other authorized official identified by the County, upon demand, any funds provided to the Applicant through the County's CARES Act 2020 – Non-profit Organization Grant Program that have been or will be paid for on behalf of or reimbursed or otherwise provided to the Applicant by any other funding sources.

- I and the Applicant Organization certify and affirm that should the Applicant Organization be selected to receive an award from the County through the County's CARES Act 2020 – Non-profit Organization Grant Program, the Applicant Organization shall not use any portion of the award for any expenses that were included in the Applicant Non-Profit Organization's budget most recently approved as of March 27, 2020.
- I certify and affirm that the services and/or programming provided by Applicant Non-Profit Organization for which I am now seeking assistance through the County's CARES Act 2020 – Non-profit Organization Grant Program are not new and were provided to the community prior to January 1, 2020.
- I understand and agree that any information provided in this Application that is not considered confidential or exempt from disclosure pursuant to Florida Law is considered a public record under Chapter 119, Florida Statutes, and may be subject to a public records request.
- I certify and affirm that within the last five (5) years, no officer or board member of the Organization has been convicted, plead guilty, or plead nolo contendere to any felony involving fraud, bribery, embezzlement, or a false statement in a loan application or an application for federal financial assistance.
- I certify and affirm that neither the Organization nor any officer or board member of the Organization is presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy.
- I declare, certify, and affirm, under penalty of perjury, that the information provided in this Application, and such additional information and documentation as I may later provide to the County related to this Application is true, accurate, and complete. I acknowledge that I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative penalties for fraud, false statements, false claims or otherwise.

Print Name _____

Date _____

Signature _____

By signature of this application the applicant(s) assert not to hold Jackson County Board of County Commissioners, its grant processing agent, or any member of the Grant Review Committee liable should you not receive the grant.

Section 2. ELIGIBILITY

Applicant Non-Profit Organization must:

1. Have current IRS designation as a 501(c)(3).
2. Have been established on or before January 1, 2019.
3. Have a physical location in Jackson County, Florida.
4. Be a registered as a not for profit corporation with the State of Florida.
5. Be able to demonstrate proof of Eligible Expenses (as defined herein) related to COVID-19.
6. Provide necessary and essential goods, services, and/or programs to residents of Jackson County.
7. Non-profit organizations may qualify for up to \$20,000.

COVID-19 Impact

Applicant Non-Profit Organization Must Establish At Least ONE of the Following:

1. Demonstrate an increased level of service provision due to COVID 19 (e.g. increased demand for goods/services offered by the non-profit attributable to COVID-19); OR
2. Demonstrate a disruption in operations or program delivery expenses due to COVID-19 (e.g. due to increased supply chain costs); OR
3. The need to adapt the Organization through the use or implementation of PPE, social distancing measures, enhanced cleaning and sanitation, and/or technological measures to ensure the nonprofit can safely continue to deliver the goods, services, and/or programming it offers.

*Please note that this funding may not be used to replace lost revenues (such as due to diminished fundraising efforts or otherwise).

** FTE/employees are defined as individuals who received paid wages or salary which employment taxes (FICA, FUTA,) and income taxes are withdrawn and remitted to the IRS, as evidenced by business tax returns filed (i.e. IRS Form 941 Employer's Quarterly Federal Tax Return, IRS Schedule C of Form 1040, or as a Form 1099 individual employee).

ALL OF THE ABOVE MUST BE TRUE TO BE ELIGIBLE FOR THIS GRANT PROGRAM!

INELIGIBLE ORGANIZATIONS:

1. A non-profit organization that does not meet the eligibility criteria described above.
2. A non-profit organization engaged in any illegal activity.

INELIGIBLE ORGANIZATIONS DO NOT QUALIFY FOR THIS GRANT PROGRAM

ELIGIBLE EXPENSES

The following expenses incurred by an Applicant Not-For-Profit Organization are eligible for funding under this grant program.

1. Essential COVID-19 related expenses that have not already been paid for by another source of funding, including but not limited to purchase and installation of PPE, cleaning and sanitation, COVID-19 testing, technology improvements, etc.
2. Reimbursement of increased operating expenses directly attributable to COVID 19 (i.e. temporary staffing, equipment costs (including vehicle rentals), goods and services, etc.).
3. Temporary physical space needs.
4. Minor physical alterations/remodel to increase service delivery or to meet CDC guidelines related to social distancing

INELIGIBLE EXPENSES

The following is a non-exhaustive list of expenses incurred by an Applicant Not-For-Profit that are NOT eligible for funding under this grant program:

1. Donor reimbursements.
2. Bonuses or raises.
3. Hazard pay.
4. Severance pay for laid off employees.
5. Legal settlements.
6. Any expenditures that do not have a direct tie to COVID-19.
7. Expenses incurred prior to March 1, 2020.
8. Any expenses that do not have proper documentation to substantiate the expense(s).
9. Revenue replacement, including due to diminished fundraising or otherwise.
10. Expenses that were budgeted in the Applicant Non-Profit Organization's most recently approved budget as of March 27, 2020.

Section 3. REQUIRED APPLICANT DOCUMENTATION

1. Completed and signed application.
2. Section 1 of this application must be completed by the Non-Profit Applicant's CEO or such other person as is legally authorized to bind the Applicant.
3. A copy of the signing individual(s) driver's license or US Passport for identification purposes.
4. IRS Tax Form 990 or IRS Tax Form 990 EZ (The most recent required filing)

5. Certified narrative signed by Applicant’s CEO identifying the impact and their organization’s necessary response to COVID-19, including numbers served pre and post COVID-19 and any available documentation. The Certified narrative and supporting documentation should establish how the Applicant satisfies at least one of the “COVID-19 Impact” criteria described in Section 2 of this Application.
6. Current W-9.
7. Current Board approved or amended operating budget as of March 27, 2020, meaning enacted budget for the relevant fiscal period of the Non-Profit Organizations.
8. Non-profit letter from the IRS.
9. Most recent audit performed on the organization.

COLLECT ALL REQUIRED SUPPORTING DOCUMENTS BEFORE COMPLETING APPLICATION.
 ADDITIONAL INFORMATION MAY BE REQUESTED BY THE GRANT COMMITTEE TO DETERMINE A GRANT DECISION. IF REQUESTED, PLEASE PROVIDE ADDITIONAL INFORMATION WITHIN 3 DAYS OF THE REQUEST.

Section 4. DUPLICATION OF BENEFIT

Did your non-profit organization receive funding from any other local, state, federal, or private source (including but not limited to private insurance) related to the impacts of COVID-19? If so, you may still be eligible to receive funding from the County’s CARES Act 2020 – Non-Profit Organization Grant Program, however you cannot use funds from this grant program to pay for any expenses that have been or will be reimbursed by any other private, local, state, or federal source. Check all that apply:

- Paycheck Protection Program (PPP)
- Economic Injury Disaster Loan (EIDL)
- Florida Bridge Loan
- Insurance
- Any other private, local, state, or federal assistance, including loans (describe below).
- None of the above

If yes, enter the total amount of funds that were received or that you anticipate receiving from all sources

\$ _____ and fill in the following information:

Source of Funds # 1: [Enter PPP, EIDL, etc.]

Purpose (Bill): _____ Amount Received: \$ _____

Provider’s Name: _____

Address: _____

Do any funds received from this source remain unspent as of the date of this Application? ___ Yes, ___ No

Source of Funds # 2: [Enter PPP, EIDL, etc.]

Purpose (Bill): _____ Amount Received: \$ _____

Provider's Name: _____

Address: _____

Do any funds received from this source remain unspent as of the date of this Application? ___ Yes, ___ No

(Repeat for all other sources of funding received)

Did the total amount received or that you anticipate receiving from the above-listed sources cover all Eligible Expenses (as defined above) for which you are now seeking funding through the County's CARES Act 2020 – Non-profit Organization Grant Program? ___ Yes, ___ No

Multiple applications may be submitted for review and consideration until all funding for these types of grants is exhausted, up to the caps set by qualifying amount (Non-profit organizations may qualify for up to \$20,000).

COMPLETED grant applications will be sent to the Grant Review Committee in the order that they are received. Incomplete application forms or application forms not accompanied by all relevant supporting documents are not considered received and will not be sent to the Grant Review Committee.

Each applicant OR organization may receive only one grant from this organization program.

If you receive the grant, the check will be made out to the organization entity name for deposit. We will mail the check to the grant recipient.

1. ORGANIZATION TYPE:
 Non-Profit 501(c)(3)
2. ORGANIZATION LEGAL NAME: (verified by Sunbiz.org) _____
3. TRADE NAME: (if different than legal name) _____
4. EIN (EMPLOYER IDENTIFICATION NUMBER): _____
5. MAILING ADDRESS:
Number, Street, and/or Post Office Box: _____
City / State / Zip Code _____
6. Organization PROPERTY ADDRESS(ES):
Street Address _____
City / State / Zip Code _____

DO YOU Own Lease

7. PRIMARY ORGANIZATION ACTIVITY: _____
8. NUMBER OF FTE/EMPLOYEES (PRE-DISASTER) _____
9. DATE ORGANIZATION ESTABLISHED (MM/YYYY) _____
10. If anyone assisted you in completing this application, whether you pay a fee for this service or not, that person must print and sign their name in the space below.

Name and Address of Representative (please include the individual name and their company)

Signature of Individual _____

Print Individual Name _____

Name of Company _____

Phone Number (include Area Code) _____

Street Address _____

City, State, Zip _____

Unless the **NO** box is checked, I give permission to discuss any portion of this application with the representative listed above. **NO**