



**AMERICAN RESCUE PLAN/State and Local Fiscal Recovery Funds
Columbus/Bartholomew County FUNDING APPLICATION - NOT-FOR-PROFIT
DEADLINE: September 30, 2021**

Application must be completed in full to be considered.
Submit completed application, audited financial statements, and budget electronically
to rhilber@columbus.in.gov OR

Mail to: City of Columbus, Attn: Community Development, 123 Washington Street, Columbus, IN 47201

ELIGIBILITY:

- Must be a not-for-profit 501(c)3 as defined under IC 23-7-1.1 in good standing and in operation for at least the last five years;
- Must be headquartered within Bartholomew County;
- Have annual operating expense that does not exceed \$2 million;
- Have a Board of Directors responsible for oversight
- Must demonstrate a detrimental impact caused by the COVID-19 Pandemic;
- Must be a service-providing not-for-profit and not a funding institution;
- Must provide direct services to the Bartholomew County and/or City of Columbus community;
- Must certify that any fund award will be used primarily for the benefit of residents of the City of Columbus and Bartholomew County;
- Must agree to general legal principles, reporting, access to financial records, and audit provisions and submit any required documentation on a quarterly basis as required;

ACKNOWLEDGEMENT (Required):

Our organization meets all eligibility requirements and agrees to abide by all reporting requirements.

**Grant applications will be evaluated by the City of Columbus and/or Bartholomew County.
Application submission does not guarantee an award and, in some cases, awards may be less
than the amount requested.**

Request for funds:

Amount of your grant request: _____

- Request is being made to the City of Columbus
- Request is being made to Bartholomew County
- Request is being made to both the Columbus and Bartholomew County

Request as a percentage of total operations: _____

Estimated impacted number of individuals: _____

Estimated impacted number of households: _____

Ages: Youth (under 18) _____% Seniors (55+) _____%

Median income of those served: _____

Organization Contact Information

Organization Name: _____

Mailing Address: _____

City, State, Zip: _____

Telephone: _____

EIN (Tax exempt): _____

Federal Tax ID: _____

DUNS number: _____

Organization Website: _____

Executive Director/Authorizing Official: _____

For purposes of this Funding Application:

Contact Name and Title: _____

Contact Telephone: _____

Contact Email: _____

Organization Summary

Year organization was established: _____

Organization Mission Statement/Purpose:

Please list the primary programs and services of your organization:

How many distinct individuals and households has your organization helped in:

	<u>INDIVIDUALS</u>	<u>HOUSEHOLDS</u>
• 2017	_____	_____
• 2018	_____	_____
• 2019	_____	_____
• 2020	_____	_____
• 2021 (to date)	_____	_____

If your agency serves multiple counties, what percentage of assistance represents Bartholomew County?

How will any funds awarded help you to respond to or recover from COVID-19?

How does your organization plan to segregate American Rescue Plan funds from other organizational funds for purposes of identification, tracking, reporting, and audit?

If your grant request is not fully funded, what adjustments are you prepared to make?

Please list other potential funding sources with amounts:

What is the fiscal year for your agency? _____

Provide audited financial statements for the past year as well as your organizational budget for the current year.

Source of organization funding (i.e., Federal, State or City funding, Donations, Grants, etc.) listed by source name and amount:

What was your revenue loss in 2020 and how did you calculate this amount? Also list any revenue you received which offset some of this loss including CARES or other COVID related funds, Payroll Protection Program (PPP), grants or forgivable loans:

NOTE: This funding will not be used for new operational expenses.

I certify that all information provided on this application is accurate to the best of my knowledge.

Signed _____

Title _____

Application is due in office by 5:00 p.m., Thursday, September 30, 2021

If awarded funding, notification will be made by December 1, 2021