

# Perry County ARP | Nonprofit Financial Assistance Program

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*Community Foundation Alliance Inc.*

## **Project Title\***

*Character Limit: 100*

## *Organization Information*

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### **Indiana Secretary of State Business ID\***

*Character Limit: 10*

### **Date of Last Income Tax or Information Return Filed\***

*Character Limit: 10*

### **Are Any Returns Being Contested or Audited?\***

#### **Choices**

Yes

No

### **Entity Report\***

Attach the organization's most recent Entity Report from the Indiana Secretary of State.

*File Size Limit: 3 MB*

### **Form W-9\***

Attach the organization's Form W-9.

*File Size Limit: 3 MB*

### **Number of Years Operating in Perry County or Providing Services to Perry County Residents\***

*Character Limit: 3*

### **Briefly Describe the Public Programs and/or Services the Organization Provides\***

Include number of individuals served.

*Character Limit: 1000*

## Contact Information

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### Application Contact Name\*

Character Limit: 50

### Phone Number\*

Character Limit: 20

### Email Address\*

Character Limit: 254

### Contact's Relationship to the Organization\*

Character Limit: 50

## Finances

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### How has COVID-19 negatively impacted the organization's finances?\*

Character Limit: 1000

### Gross Revenue\*

Scan and attach the past three years' (2019, 2020, 2021) proof of gross revenue. Only one of the following two will be accepted as proof: 1) Federal Tax Return Form 990 for each of the past three years, or 2) an official Income (Profit-Loss) Statement for each of the past three years.

File Size Limit: 4 MB

## Programs and/or Services Provided

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### What is the organization's mission statement?\*

Character Limit: 2000

### Utilization of Funds to Further Mission and Outcomes Measurement\*

If awarded, how does the organization plan to utilize the funds to further its mission, and how will you measure success?

Character Limit: 2000

### Sustainability\*

How does the organization plan to remain sustainable and adapt to future negative economic conditions caused by pandemics, disasters, economic downturns, etc.?

Character Limit: 2000

## Budget Information

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### Total Amount of Funding Requested to Relieve Negative Effects of Pandemic on Financial Resources\*

Enter the total amount of funding requested to relieve the negative effects of the COVID-19 pandemic on the organization's financial resources.

*Character Limit: 20*

### Is this part of a matching grant?\*

#### Choices

Yes

No

### If you answered yes above, what is the match percentage?

*Character Limit: 10*

### Total Amount of Funding Requested to Support Provision of Programs/Services\*

Enter the total amount of funding requested to support the provision of programs or services of the organization.

*Character Limit: 20*

### Is this part of a matching grant?\*

#### Choices

Yes

No

### If you answered yes above, what is the match percentage?

*Character Limit: 10*

### Request Budget\*

Attach the budget for this request.

Click here to download the template. Once downloaded on your computer, you will need to complete and save the template and then upload it into the field provided below.

*File Size Limit: 3 MB*

## Other Information

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### Other Funding\*

Has the organization applied for funding from federal, state, or local sources for COVID-19-related purposes? If so, what were the sources and how much funding was requested? For what were the funds utilized?

*Character Limit: 2000*

### Previously Awarded Funds

Attach documentation (e.g. award letter, copy of check, etc.) of any previously awarded funds (e.g., CARES Act funds, Small Business Administration funds, local sources of funds, etc.).

*File Size Limit: 3 MB*

### American Rescue Plan Funds from Other Entities\*

Does the organization intend to apply for American Rescue Plan funds from other entities? If so, which entities?

*Character Limit: 1000*

### Will the organization accept an award less than the amount requested?\*

#### Choices

Yes

No

## Agreement

### Application Submission Certification and Agreement\*

By submitting this application, I certify and agree that I am the designated authorized agent of the organization and that all information submitted is true and correct to the best of my knowledge. I further agree that false or misleading statements will result in nullifying the grant application and require the immediate return of any allocated grant funds to Perry County. Failure to provide proper documentation of the information provided in this application to Perry County upon request shall render the grant application incomplete, and will result in the grant being nullified and require that all grant funds received be returned immediately to Perry County. I understand the information submitted will likely be public information, subject to disclosure, pursuant to the Indiana Access to Public Records Act (IC 5-14-3). I further understand that the use of grant funds cannot duplicate prior funding received for the same purpose and that Perry County may audit the use of the grant funds. A list of successful grant recipients will also be made public.

By providing a phone number and email address, you are authorizing Perry County to exchange information with you about your application using unencrypted email. This information may include private or nonpublic data. Unencrypted email is not secure. You accept the risk that data may be intercepted by someone other than the intended recipient and understand that Perry County is not liable for any damages caused by such interception. Providing a phone number and email address does not authorize Perry County to release private or nonpublic data to anyone other than the recipient unless otherwise allowed by law.

Furthermore, I confirm that I understand that this is a competitive process and that the organization I represent may or may not be chosen.

**Choices**

Yes

No

For Reference Only  
\*not for submission