



Bethel Nonprofit **Response Round Two**
Grant Application

Deadline: **March 26, 2021 at 5:00 pm**

BETHEL COMMUNITY SERVICES
FOUNDATION INC.



Section 1 - Organization and Applicant Information

Nonprofit Name:

Nonprofit Mailing Address:

Nonprofit Phone Number:

EIN/Tax ID Number:

Applicant Name:

Applicant Title/Position:

Applicant Phone Number:

Applicant Email Address:

Section 2 - Eligibility

1. Your nonprofit provides services to residents of Bethel, and has been in operation and serving Bethel residents since at least January 1, 2019. YES NO
2. Your nonprofit has a clear demonstrated physical, employee or service presence within the City of Bethel. YES NO
3. Your nonprofit is an IRS-certified 501 nonprofit - eligible types listed in the Guide (fiscally sponsored projects are eligible to apply). YES NO
4. Please list your nonprofit's 501 type [example: 501(c)3].
5. Is your nonprofit a local affiliate of a national organization? YES NO
 - a. If you answered yes above, does your organization have a local advisory board? YES NO
6. A majority of your nonprofit's local board of directors or local advisory board and its officers are Alaska residents. YES NO
7. Your nonprofit will be able to fully spend all grant funds by December 15, 2021. YES NO

Section 3 - COVID-19 Impact Information

Was your nonprofit organization impacted by the COVID-19 public health emergency and are you in need of economic assistance? YES NO

What does your nonprofit need as specifically related to COVID-19? (Focus on what additional activities, precautions, adaptations, solutions, collaborations, etc. your organization is implementing or plans to develop due to the public health emergency. Describe what services would be lost to Bethel if this grant is not awarded. You may refer to the list on page 5 of the Nonprofit Response Round Two Grant Program Guide for grant priorities and pages 6 and 7 of the guide for more information on eligible expenses. Please complete the section below or provide a word document if preferred.) Maximum 1200 words, please.

Please identify the area or areas of funding for which you are applying, based on the Eligible Expenditure section as described in the Nonprofit Relief & Response Grant Program Guide.

- Medical
- Payroll expenses
- Expenses associated with the provision of economic support
- Other expenses reasonably necessary
- Public health expenses
- Expenses of actions to facilitate compliance

Section 4 - Grant Request Information

Total Grant Requested: (maximum request is \$50,000) \$ _____

Section 5 - COVID-19 Revenue & Expenditures & Nonprofit Financial Information

Budget Spreadsheet

Please complete the budget spreadsheet or attach the excel spreadsheet that can be found online.

Project Budget Item	Bethel Nonprofit Response Request	Other Sources of Funding	Total Expenditure by 12/15/21
TOTAL:			

Sources of Other Funding	Amount	Status of Funding

Budget Narrative

Please provide a budget narrative. This should include a detailed description of how these funds would be spent per each line item in the submitted budget. Be sure to include details about other sources of funding if applicable and if the funding has been committed or secured. Please describe how your organization will ensure the funds are completely spent by December 15, 2021. You may provide your own budget narrative document if preferred.

Did your organization file an IRS Form 990 for 2018 or 2019?

YES NO

Please attach your nonprofit's 2018 or 2019 IRS Form 990:

For nonprofits that do not file with the IRS, BCSF will accept an audited financial statement or an unaudited statement by a third-party preparer.

Total Revenue as stated on Line 12 of this nonprofit's most recent IRS Form 990: \$ _____

If your organization did not file an IRS Form 990, please list the annual income found in your organization's most recent audited financial statement or an unaudited statement by a third-party preparer.

Operating Revenue for the last completed fiscal year:

\$ _____

Operating Expenses for the last completed fiscal year:

\$ _____

Please attach your nonprofit's Balance Sheet for the last completed fiscal year:

Please attach your nonprofit's current Operating Budget:

Please help us understand the local impacts of COVID-19. Does your organization need more financial assistance than it is eligible to receive from this range?

YES NO

If YES, how much *additional* funding would help your organization with COVID-19 impacts? \$ _____

Please select all COVID-19 relief funding that you have applied for and/or received (or been approved to receive) and indicate the specific dollar amount, below:

- | | | | | |
|---|----------|----------|------------------------------|-----------------------------|
| BCSF Nonprofit Relief & Recovery Grant | \$ _____ | Received | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| BCSF Nonprofit Response Round One Grant | \$ _____ | Received | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| AK CARES Grant | \$ _____ | Received | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Paycheck Protection Program (PPP) | \$ _____ | Received | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Other grants or loans | \$ _____ | Received | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

If you've received other relief funding, please explain how/why additional relief funding is needed:

This nonprofit will be able to fully expend funds by December 15, 2021. YES NO

Section 6 - Application Instructions

Submit application in any of the following ways:

1. **Online** at bcsfoundation.org/covidnonprofit/
2. **In-Person** at the BCSF office at 1795 Chief Eddie Hoffman Highway
3. **USPS** Mail to BCSF at PO Box 2189 Bethel, AK 99559. Application must be postmarked by 5:00 p.m. on March 26, 2021
4. **Email** to covidnonprofit@bcsfoundation.org
5. **Fax** to BCSF office at 907-543-1826

Need help? Contact Lisa at covidnonprofit@bcsfoundation.org or call the BCSF office at 907-543-1812.

Applications may be amended before the deadline. Incomplete applications will be rejected. The grant funds received must be expended by December 15, 2021. Checks not cashed within 90 days will be voided. An appeals process will be outlined in future correspondence.

Section 7- Questions

Questions about the grant program, application process or application status must be directed to Lisa Whalen at Bethel Community Services Foundation, by phone at 907-543-1812 or by email at covidnonprofit@bcsfoundation.org. If the demand for grants exceeds the City's available funds, the City reserves the right to adjust funding.

Section 8 - Certifications and Signature

By signing this application, I certify, on behalf of myself and the nonprofit organization, the following under penalty of perjury:

1. That the information provided in this application is true and accurate to the best of my knowledge, information and belief.
2. My nonprofit organization has suffered economic hardship/impacts due to the COVID-19 pandemic.
3. I understand that if my organization receives a grant check, it must be cashed within 90 days or it will be voided.
4. I acknowledge that the funds will be spent by the required deadline of Dec. 15, 2021.
5. I agree to assist in the verification of information provided in this application and to provide additional information to BCSF, or its funders, auditors or contractors if requested.
6. That if my organization has received COVID-19 relief funds from other sources, it is still in need of additional relief funds from the Bethel Nonprofit Response Grant Program.
7. I acknowledge that the funds being provided are federal and and that it is the sole responsibility of the applicant to determine and to seek independent advice as to the tax and auditing implications to the applicant and its owners upon receipt and use of the funds.
8. I understand and agree that any Bethel Nonprofit Response Round Two Grant funds determined to have been used for a purpose not authorized by the CARES Act must be returned to BCSF and that I am liable for such funds. Additionally, any funds not expended by December 15, 2021 will be returned to BCSF by December 18, 2021.
9. I understand that BCSF may publish or publicly release a list of grant recipients, including the amount of individual grant awards. Information I submit to the BCSF as part of this application may be subject to inspection and release as part of auditing or public records requests (confidential information will be redacted).
10. The applicant shall maintain documentation following generally accepted accounting principles for how the funds are expended, including but not limited to financial records, payroll records or receipts. Grantee will provide documents to the BCSF if requested.
11. I agree to indemnify and hold harmless Bethel Community Services Foundation, its directors, officers and employees for any Bethel Nonprofit Response Round Two Grant funds the applicant receives from BCSF that the federal government, State of Alaska or City of Bethel determined were not used for eligible expenditures.
12. I certify that I have the authority to legally bind the applicant.

If all of the above outlined requirements are not met in full or if any information provided on the application is found to be false or incorrect, the applicant will be deemed immediately in default and all funds must be returned to BCSF within 30 days of written notification of default. I agree that, if the applicant accepts a Bethel Nonprofit Response Round Two Grant, the applicant is bound by the obligations and liabilities described in this application and that BCSF shall have the right to enforce these obligations and liabilities in any manner provided by law.

The undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. I understand that this application, combined with award of a Bethel Nonprofit Response Round Two Grant, constitute a binding contract and shall be deemed a valid original instrument if delivered electronically (e.g. facsimile, PDF via email/online submission, stamp, etc.).

Signed: _____

Date: _____

Print Name: _____

Title: _____

Applicant Filing Checklist

- Completed application (includes application, budget spreadsheet, budget narrative)
- 2018 or 2019 IRS Form 990. (For nonprofits that do not file with the IRS, BCSF will accept an audited financial statement or an unaudited statement prepared by a third-party preparer.)
- Balance Sheet- Last Completed Fiscal Year
- Current Operating Budget

For Grant Review Committee

- Application was received on time
- Application is complete (including 990)
- Applicant meets eligibility requirements

Reviewer Notes:

Reviewer Initials: _____