



NON-PROFIT COVID RELIEF FUND GRANT APPLICATION

Mail application to Hilliard Community Foundation, 4081 Main Street, Hilliard, Ohio 43026, or email it to Bob Apel at rapel@directedlifestyle.com.

Application date: _____

Employer ID number: _____

Name of Organization: _____

Important: Unless you are a governmental unit, a qualified church, or an entity covered by a group exemption, your name must be the same as on the IRS determination letter or you must submit documentation of your name change and notification to the IRS of that change.

Address: _____

City, State, zip code: _____

Telephone: _____ E-mail _____

Grant Contact Person: _____

Preferred Phone Number: _____ E-mail _____

Grant Request

Request category	Amount
Category 1 (Revenue Losses)	
Category 2 (Increased/New Expenses)	
Total	

Please follow the guidelines provided in the grant guidelines and explanation of categories. Grant funding can be requested for one or both categories listed below. Long-form answers may be submitted on an attached Word Document.

Category 1: REVENUE LOSSES

Amount of Agency Revenue Loss Since March 1, 2020	Amount:
<p>Provide a concise description of the agency's revenue loss (250 words or less)</p>	
<p>List all other sources already received for this revenue loss (e.g., federal funding sources and amounts, Hilliard Community Foundation amounts, other COVID-19 emergency response fund amounts from other sources)</p>	
<p>Explain how the Revenue Loss was caused by, or in response to, the COVID-19 public health emergency (250 words or less)</p>	

<p>Amount of Grant Funding Being Requested for Category 1 (Revenue Losses). This request should not be greater than the Total Revenue Loss minus all other funds already received for that loss.</p>	<p>Amount:</p>
<p>How does this Funding Request benefit the residents of Hilliard? (250 words or less)</p>	

Category 2: INCREASED/NEW EXPENSES

<p>Amount of Increased/New Expenses Since March 1, 2020</p>	<p>Amount:</p>
<p>Provide a concise description of new/increased expenses caused by or in response to the COVID-19 public health emergency (500 words or less)</p>	

List all other sources already received for increases/new expenses (e.g., federal funding sources and amounts, Hilliard Community Foundation amounts, other COVID-19 emergency response fund amounts from other sources)

Amount of Grant Funding Being Requested for Category 2 (New/Increased Expenses). This request should not be greater than the expenses minus all other funds already received to pay for those expenses.

Amount:

How does this Funding Request benefit the residents of Hilliard? (250 words or less; attaching separate document is acceptable)

Threshold Checklist

Agencies must meet and check all the following thresholds to be eligible for funding consideration.

Check	Threshold
	This Agency is in good standing with the federal Internal Revenue Service
	This Agency is in compliance with the State of Ohio Attorney General's Office
	All proposed funding requests are for expenses and losses caused by, or in response to, the COVID-19 public health emergency.
	All proposed funding requests are for expenses and losses occurring between March 1, 2020 and December 4, 2020.
	This Funding Request is not supplanting other federal funds.
	This Agency agrees to ensure nonduplication of efforts for budgeted items and that funds are used appropriately.
	This Agency is providing health and/or human/social services to City of Hilliard residents.
	This Agency has a policy of non-discrimination that is followed in all matters of employment, volunteer opportunities and the delivery of programs and services.

APPENDIX A

Examples of Revenue Losses

Examples of losses of revenue including, but not limited to:

1. Fundraising losses
2. Fee for services losses
3. Individual donation losses
4. Reimbursements
5. Social Enterprise/Retail

Increased Business Expenses

Grant funding can be used for items such as operational, administrative, technological, staffing and supply expenses required to support the Applicant Agency and its programs if documented as caused by, or in response to, the COVID-19 public health emergency.

Grants may be used for capital expenditures such as renovation, remodeling, building repairs, and architectural or engineering plans if documented as caused by, or in response to, the COVID-19 public health emergency and expended within the time frame of the grant award period (March 1, 2020 to December 4, 2020).

Example categories including, but not limited to:

- COVID-19 Cleaning Services
- COVID-19 Personal Protective Equipment (PPE)
- Renovation/Remodeling/Purchase of Equipment
- Data management infrastructure
- Finance:
 - Budgeting
 - Cashflow stress testing
 - Alternative income options
 - Accounting
 - Bookkeeping,
 - Streamlining expenses
- Human Resources
 - Navigating legislation
 - Changes to policy and procedural manuals
 - Employee bents and hours
 - Unemployment
- Legal Services
- Staff Expenses
 - Hazard Pay
 - Hiring to fill for Volunteer loss
 - Volunteers
 - Wellness Initiatives
- Strategic Planning:
 - Blending service delivery
 - Part of plan to keep/change
 - Sustainability against funding cuts
 - Crisis management
 - Contingency planning
- Technology (Hardware)
 - Tablets

- Laptops
- Cell phones
- Barcode scanners
- Video cameras
- Web cams
- Upgraded internet
- Wi-Fi o Memory upgrades
- Technology (Software)
 - Teleconference subscriptions
 - Telemedicine
 - Pantrytrak software
 - Video editing
 - E-commerce platform
 - Remote learning
 - Virtual hiring
 - Volunteer tracking

Increased Basic Needs Expenses

Examples including, but not limited to:

1. Clothing/Uniforms
2. Diapers/Baby supplies
3. Food/Nutrition
4. Furniture/Appliances
5. ID support/Bus passes/Gas cards

Increased Stabilization and Resource Expenses

Examples including, but not limited to:

1. Child Care
2. Education and Training
3. Medical, Physical and Mental Health
4. Stable Housing e.g. rent assistance, utility assistance
5. Technology/Internet access
6. Transportation
7. Workforce development
8. Youth and Senior Services