



# Non-profit Relief and Recovery Grant Application

## Section 1 – Applicant Information

Non-profit name:

Contact name:

Contact address:  
(mailing)

City:

State:

Zip:

Contact phone number:

Contact email address:

Physical address of nonprofit:

City:

State:

Zip:

IRS Taxpayer Identification Number (TIN):

## Section 2 – Grant Request Information

Were the services provided by your nonprofit impacted by the COVID-19 public health emergency?

Yes  No

(Impacts may include, but are not limited to, loss of revenue due to mandatory shutdown measures, providing pandemic relief services, additional operating expenses of reopening and protecting staff and the public, including funds already spent for those purposes.)

Briefly describe how the nonprofit's services have been impacted in the community:

What was your 2019 revenue (check only one):

- Less than \$50,000 in annual revenue
- Between \$50,001 and \$250,000 in annual revenue
- More than \$250,000 in annual revenue

(Grant amounts will be determined by the nonprofit's most recent IRS Form 990 from either 2018 or 2019. For those nonprofits that do not file with the IRS, the City will accept an audited financial statement or an unaudited statement by a third-party preparer.)

Did your nonprofit provide services to residents of the City of Sand Point in 2019?  Yes  No

Is your nonprofit directed by a board of directors or a local advisory board comprised of a majority of Alaska residents?  Yes  No

Check which type of IRS certification your nonprofit holds:

- 501(c)(3) Charitable organization
- 501(c)(4) Social welfare
- 501(c)(5) Labor, agricultural or horticultural organization
- 501(c)(6) Trade or professional organization
- 501(c)(19) or (23) Veterans organization
- 501(e) Cooperative hospital service organization
- 501(k) Child care organization

Other (please specify):

(Faith-based nonprofits are eligible, so long as they provide services that are promoted and available to the general public without regard to religious affiliation. Nonprofit organizations "that are principally engaged in teaching, instructing, counseling, or indoctrinating religion or religious beliefs, whether in a religious or secular setting, or primarily engaged in political or lobbying activities" are not eligible (as per 13 CFR § 120.110(k) in the Code of Federal Regulations)

Applications must be received or postmarked by **5 p.m. September 4, 2020.** and may be submitted by email to: [grants@sandpointak.org](mailto:grants@sandpointak.org) or hand-delivered or mailed to Sand Point City Hall at 249 Main Street, Sand Point, AK 99661, Attn: Grant Review Committee. Applications may be amended before the deadline. Incomplete applications will be rejected. Applicants will be notified of the status of their application via email to the contact person listed on the application. Questions about the grant program, application process, or application status must be directed to Jordan Keeler, City Administrator, 274-7561, or email [jkeeler@sandpointak.org](mailto:jkeeler@sandpointak.org).

If the demand for grants exceeds the City's available funds, the City reserves the right to prorate the grants equally to all recipients to stay within available funding. It is the sole responsibility of the applicant to determine or to seek independent advice as to the tax implications of receiving the grant funds. Applicant releases the City of Sand Point and its officers and employees for any claim it may have in any way arising out of or related to this application. Applicant agrees to indemnify and hold harmless the City of Sand Point and its officers for any demand or claim arising out of the application or applicant's use of any funds awarded to it.

As an official signer for the applicant, I certify that the information provided in this application is true and accurate and acknowledge that the funds will be used for purposes authorized by the CARES Act and as indicated in this application by the required deadline of Dec. 30, 2020. I agree to assist in the verification of information provided in this application and to provide additional information to the city, if requested. I will provide a W-9 prior to receiving any funds. I agree that if any funds received are not used by December 30, 2020 or are determined to have been used for a purpose that is not authorized by the CARES Act, I will be responsible for repaying such amounts to the City of Sand Point.

I also understand that a person commits a misdemeanor crime if, with the intent to mislead a public servant in the performance of a duty, the person submits a false written or recorded statement that the person does not believe to be true in an application for a benefit.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_ Title: \_\_\_\_\_ :

Note: Applicants must attach 990 Form or audited statement to application