|  |  |
| --- | --- |
|  | Nonprofit Assistance  Program Application |
|  |  |

## Organization Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Organization Name: |  |  |  | Date: |  |
| Type of 501(c): |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Physical Address: |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Business Phone: |  | Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Authorized Representative: |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Mailing Address (if different from above): |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Questions** |  |  |  |  |

Please reply to each question below for your application to be considered complete. By providing an affirmative response to any of these questions, you certify that you can provide verification of the corresponding information to the City of Redlands.

1. What is the current status of the organization?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Open – no restrictions | YES | NO |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Open with restrictions | YES | NO | Please explain |  |
|  |  |  |  |  |

1. Does the organization meet any of the following criteria that has resulted from the COVID-19 pandemic? Select all that apply. Please upload documentation supporting the selection(s).

☐ Decreased revenue (e.g., from donations and fees)

☐ Financial insecurity

☐ Increased costs (e.g., uncompensated increases in service need)

☐ Demonstrated lower capacity to weather financial hardship

☐ Challenges with covering payroll, rent or mortgage, and other operating costs

☐ Nonprofit operating within HUD’s defined Qualified Census Tracts in Redlands

☐ None of the above apply

1. What date was the organization validly established as an Internal Revenue Code tax-exempt nonprofit organization? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. If different from above, what date did the formed organization establish a physical location within Redlands? \_\_\_\_\_\_\_\_\_\_\_
3. Please provide a current copy of the organization’s Nonprofit Determination Letter and completed W-9 IRS Request for Taxpayer Identification Number and Certification Form by either uploading with this application or via email to mdurazo@cityofredlands.org

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Is the organization in good standing with the City of Redlands? | YES | NO |  |
| (No outstanding code violations,  compliance orders, etc.) |  |  |  |

## Application Conditions, Certification and Signature

*There are limited funds for the Nonprofit Assistance Program available. Once allocated program funds are exhausted, the program will cease. Participants will be limited to up to $5,000 in a direct grant fund. This cap is set to encourage fair distribution, however, if there are fewer participants than initially anticipated, the City reserves the right to adjust the cap accordingly.*

*By signing below, I attest that there shall be no discrimination against or segregation of any person or group of persons, on account of race, color, creed, religion, sex, marital status, national origin, or ancestry in connection with this program in accordance with the following authorities: Title VI of the Civil Rights Act of 1964 (Title VI) Public Law 88-352, 42 U.S.C. 2000d-1 et seq., and the Department's implementing regulations, 31 CFR part 22; Section 504 of the Rehabilitation Act of 1973 (Section 504), Public Law 93-112, as amended by Public Law 93-516, 29 U.S.C. 794; Title IX of the Education Amendments of 1972 (Title IX), 20 U.S.C. 1681 et seq., and the Department's implementing regulations, 31 CFR part 28; Age Discrimination Act of 1975, Public Law 94-135, 42 U.S.C. 6101 et seq., and the Department implementing regulations at 31 CFR part 23.*

I certify that I am duly and fully authorized to apply for grant funds on behalf of the organization named above from the City of Redlands Nonprofit Assistance Program and have read, understand and certify that all information provided herein is true and correct to the best of my knowledge. The organization will provide verification of all information if requested. I acknowledge that the completion of this application does not in any way indicate eligibility or approval. I acknowledge that due to the limited funds available for this program, some qualifying applications may not be funded. Your electronic signature is the legal equivalent of your manual signature on this application.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Title: |  |
| Signature: |  | Date: |  |