

# **Freeborn County Non-Profit Organization Relief Fund Application**

## **Program information:**

To provide assistance to local non-profit Organizations in Freeborn County adversely impacted by the COVID-19 pandemic, the Freeborn County Non-profit Relief Fund will provide grants of up to \$15,000 to non-profits most in need of support. Application Forms will be accepted beginning **August 21, 2020 through September 18, 2020 at noon**, unless funds are earlier exhausted.

## **Forms should be returned for collection to:**

Freeborn County Non-Profit Relief Fund  
Freeborn County Government Center  
PO Box 1147  
Albert Lea MN 56007

## **ALL FUNDS WILL BE ADMINISTERED AND DISTRUBUTED BY FREEBORN COUNTY**

## **Eligibility- Non-profits must meet all of the following criteria**

- Be a certified 501(c) 3, 501(c) 6 or Chapter 501 non-profit with a physical establishment in Freeborn County. **Priority will be given to agencies that provide a clear social service function.**
- Must be a locally operated non-profit Organization , current on property taxes prior to May 15, 2020, and any required licenses must be valid and in good standing, providing services to Freeborn County residents.
- Nonprofit organizations that can demonstrate a loss of income or increase in demand for services due to COVID 19 or can make an impact for individuals or the community in response to COVID-19.
- Organization must have at least a 0.25 FTE employee with a maximum of 20 FTE employees. FTE is based on 32 hours per week or more
- Be registered with the Minnesota Secretary of State and have been operating since March 1, 2019.
- Demonstrate financial hardship due to COVID-19 between March 1, 2020 and June 30, 2020.
- **Funding is to be used for operating and programs costs for Freeborn County only.**

**Applicant may not apply for United Way of Freeborn County Safety Net Fund for duplicate funding.**

## **Ineligible Applicants**

- Religious organizations that do not have a social service function. Social Assistance can include: Individual and family services; community food services; housing services; emergency and relief services; vocational rehabilitation services.
- Lobbying groups and political organizations.
- Organizations that restrict activity based on ethnicity, gender, orientation or ability

## **DO YOU MEET ALL ELIGIBILITY REQUIREMENTS LISTED ABOVE?**

Yes (Continue with application)

No (Stop you will not be eligible to receive a grant)

**Section 2 - Applicant Information**

Legal Name of the Non-Profit Organization: \_\_\_\_\_

Operating Name (if different): \_\_\_\_\_

Business Contact Name / Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

First Name of person completing grant application: \_\_\_\_\_

Last Name of person completing grant application: \_\_\_\_\_

Title/Position of person completing grant application: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Legal Structure:**

\_\_\_ 501C3

\_\_\_ 501C6

\_\_\_ Other Chapter 501 nonprofit entity (specify here)

**COVID-19 Impact**

Briefly explain how the business was impacted by COVID-19 pandemic:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe in detail the direct and indirect ways that COVID-19 has impacted your revenue to-date, projected revenue and expenses, direct costs and/or how COVID-19 has directly increased costs for your non-profit Organization.

---

---

---

---

---

---

---

---

Number of Freeborn County residents served annually:

**Required Financial Information**

The following must be submitted with application;

<b>DO NOT SUBMIT UNTIL ALL ITEMS HAVE BEEN ATTACHED</b>	
<input type="checkbox"/>	2019 financial statements or tax returns, if available. If not available, company prepared profit-and-loss statement (income and expense statement) and balance sheet for 2019 (or since the business start if operating less than 12 months).
<input type="checkbox"/>	March thru June 2020 monthly profit and loss statement or other report of revenue for the month to verify financial loss as compared to average monthly revenue for 2019.
<input type="checkbox"/>	Entity documents including Articles or Organization, bylaws or other means to verify the authorized signers on the grant.
<input type="checkbox"/>	March 1, 2020 Payroll Information verifying amount of employees and hours worked to verify number of FTE employees for grant amount determination.

**Section 3 - Grant Request**

Grants are available up to \$15,000 based upon evidence of unreimbursed loss due to COVID-19.

Grant amount requested: (\$) \_\_\_\_\_

**ORGANIZATION CERTIFICATION:**

I certify that all information provided herein is true and accurate and that the official signing this form has authorization to do so.

Name/Title of Authorized Representative: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**Freeborn County Non-Profit Relief Fund Certification, signature and acknowledgement:**

Applicant acknowledges that they are making application for a Grant, and that Freeborn County may rely on the applicant's warranties and self-certification of eligibility in the approval process of a grant. Applicant certifies that only one application per non-profit Organization location was submitted. Freeborn County reserves the right to verify whether duplicate applications were submitted, and to eliminate duplicate applications from consideration, in Freeborn County's sole discretion. This information and the information provided on all accompanying documents is provided for the purpose of obtaining a grant for the Applicant. Applicant acknowledges that representations made in this application will be relied on by Freeborn County in its decision to award such grant. Freeborn County is authorized to make all inquiries it deems necessary to verify the accuracy of the information contained herein and agrees that all CARES funding is to be used for operating and programs costs for Freeborn County only . The Applicant will promptly notify Freeborn County of any subsequent changes which would affect the accuracy of this information and the information provided on all accompanying documents. The Applicant understands that it is a crime to make a false representation as to their or their company's financial ability for the purpose of securing a grant. The Applicant declares under penalty of perjury that all information provided herein and on accompanying documents is true in every detail and accurately represents the financial condition of the applicant and the Organization on the date given below, and that the Applicant has authorization for the Organization to sign this form.

I hereby make application to the Freeborn County Non-profit Relief Fund. I acknowledge that this involves public dollars and I certify that I am eligible, my application is true and accurate and that I understand Minnesota Data Practices laws apply to this application and any grant agreement I may sign under it.

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

By: \_\_\_\_\_

(Signature)

\_\_\_\_\_  
(Printed Name)