



2020 CITY OF MONROE NONPROFIT SERVICE PROVIDER COMMUNITY RELIEF GRANT APPLICATION

NOTICE OF FUNDING AVAILABLE

The City of Monroe is accepting applications for Nonprofit Service Provider Relief Grants. Funding is intended to support the sustainability of Nonprofit Service Providers (hereafter "organization") through the COVID-19 public health emergency. The City has allocated \$50,000 to assist nonprofit service providers with expenses incurred between March 1, 2020 and November 30, 2020. Grants are anticipated to be awarded between \$5,000 and \$10,000. It will take applicants approximately 30 minutes to complete this Grant Application.

CHECKLIST

This checklist is provided as a tool to assist you in the completion of your application. Remember, late and/or incomplete applications will not be accepted. If you have questions regarding your application, please contact Rachel Adams at (360) 863-4885 or RAdams@MonroeWA.gov.

(initial each statement after reading)

- Did you sign the certification page and initial all the certification statements?
 - Does the Applicant Organization meet the criteria detailed below?
 - If mailing your application, did you leave enough time for the post office to deliver it? Remember, postmarks will not be accepted and late applications will be disqualified.
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To be considered for funding, the Applicant Organization must meet the following criteria:

- Headquarters or branch physically located within city limits of Monroe
- Applicant Organization is current on all state and local business licensing requirements, or was so on March 23, 2020 (date the Stay Home/Stay Healthy Order was issued)
- Applicant Organization has experienced a 25% or greater decrease in operating revenue or donations, directly attributable to COVID-19



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CERTIFICATION

By signing this application, I understand and affirm that: (initial each statement after reading)

_____ If awarded, requested funds will be used only for purposes described in this application. I understand the use of funds are subject to audit by the Washington State Auditor.

_____ If awarded, my Organization intends to enter into a municipal services contract with the City of Monroe, provide liability insurance as may be required for the duration of the contract naming the City of Monroe as an additional insured and in an amount determined by the City. In addition, my Applicant Organization will provide proof of or obtain a City of Monroe business license, if required.

_____ Grants awards will be determined by the City of Monroe in its sole discretion. Applications may be awarded for the full or a partial amount of the grant requested, or declined.

_____ Community Relief Grant funds are to provide funds for expenses incurred due to the COVID-19 public health emergency between March 1, 2020 and November 30, 2020. My Applicant Organization cannot obligate any Community Relief Grant funds to expenses incurred or anticipated outside that date range.

_____ The City of Monroe will only reimburse those costs actually incurred by my organization/agency and only after the expense is incurred, paid for if provided by a third party, and a signed Request for Reimbursement form (or other form acceptable to the City) has been submitted to the City, including copies of the invoices and payment documentation.

_____ I certify that I have the legal authority of the Organization represented in this application to submit this request for funding on its behalf, and I further certify that the information submitted in this application is true and correct to the best of my knowledge. I understand that the City of Monroe will rely on the accuracy of the submittals and certifications made in conjunction with this application. Any misrepresentation or inaccurate information may result in a repayment of grant funds.

Print Name

Title

Signature

Date

CITY OF MONROE
2020 CITY OF MONROE NONPROFIT SERVICE
PROVIDER COMMUNITY RELIEF GRANT APPLICATION



SUBMISSION DEADLINE:
Wednesday, October 28, 2020
4:30 p.m.

Applications must be mailed or emailed to:

City of Monroe
Monroe City Hall
Attn: Rachel Adams
806 W. Main Street
Monroe, WA 98272
RAdams@MonroeWA.gov

Completed applications must be received by the date and time specified. Postmarks will not be accepted.
If mailing, be sure to allow enough time for delivery.



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Applicant Organization Contact Information

Legal Name of the Organization: _____

Doing Business As (DBA) Name (if applicable): _____

Unified Business Identifier (UBI) Number: _____

Organization Street Address: _____

City: _____ State: _____ Zip Code: _____

Organization Mailing Address: _____
(if different from street address)

City: _____ State: _____ Zip Code: _____

Organization Website: _____
(Please enter "N/A" if none)

Date Applicant Organization Established in Monroe: _____

Applicant Name: _____ Applicant Title: _____

Applicant Mailing Address: _____
(if different from mailing address)

City: _____ State: _____ Zip Code: _____

Applicant Phone: () _____ Applicant E-mail: _____

Is the Applicant Organization a 501(c)(3) non-profit?: Yes No

Briefly describe the Applicant Organization and its services:

Maximum 500 characters



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COVID-19 Impacts

Briefly describe how your organization has operated during the COVID-19 pandemic:

Maximum 500 characters

Date operational adjustments began: _____

Briefly describe how your organization serves Monroe's most vulnerable populations:

Maximum 500 characters

The goal of the Community Relief Grant is to provide assistance to as many organizations as possible and grants are anticipated to be awarded between \$5,000 and \$10,000. What is the minimum grant amount that would assist the Applicant Organization to remain solvent?: \$ _____

What is the Applicant Organization's current operating status? *Maximum 500 characters*

In what Phase of the Safe Start Washington Plan did the Applicant Organization return to regular operations?

If not as of the date of submission of this application, in what Phase will the Applicant Organization return to regular operation?

Phase 1

Phase 2

Phase 3

Phase 4

What is the likelihood of the Applicant Organization remaining solvent **if awarded a grant?**

High

Medium

Low



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COVID-19 Funding Assistance

Briefly describe how the Applicant Organization will use grant funds, **if awarded**:

Maximum 500 characters

Has the Applicant Organization applied for other Federal, State or local funding related to COVID-19?

Yes

No

If yes, briefly describe the source(s) and amount(s) applied for, and any awards received:

Maximum 500 characters

Briefly describe the expected long term impact for your organization due to this crisis:

Maximum 500 characters

Any additional comments or information the Applicant Organization would like to provide:

Maximum 500 characters