

Nonprofit Relief and Recovery Grant Application

Section 1 – Applicant Information					
Nonprofit 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	r (TIN):				
Section 2 – Grant Reques	t Information				
Were the services provided by you and are you in need of economic a		cted by the COVID-1	9 public	health em	ergency
(Impacts may include, but are measures, additional operating including funds already spent for	expenses of re	eopening and protec			
What is the grant amount you are r ☐ \$10,000 grant for nonprofits wit		• ,	e		
□ \$25,000 grant for nonprofits wit				evenue	
\square \$50,000 grant for nonprofits wit	h more than \$25	50,000 in annual reve	nue		
(Grant amounts will be determin or 2019. For those nonprofits tha statement or an unaudited state	at do not file with	the IRS, the City will			
Did your nonprofit provide services	to residents of	the City of Kenai in 2	019?	☐ Yes	□ No

Is your nonprofit directed by a of Alaska residents?	a board of directors or a local advisory board comprised of a majority \Box Yes \Box No			
Check which type of IRS cert	ification 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 hospi	tal service organization			
☐ 501(k) Child care organiz	ation			
☐ 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)				
Briefly describe how the nonprofit's services have been impacted:				
(Optional for informational p	purposes only to gauge community need and program effectiveness)			
email to: grantsadmin@kena Fidalgo Ave., Kenai, AK 996 before the deadline. Incomple of their application via email grant program, application p Project Lead, 283-8226, or e available funds, the City rese within available funding. The	d or postmarked by <u>5 p.m. on June 19, 2020</u> and may be submitted by <u>ni.city</u> or hand-delivered or mailed to City of Kenai City Hall at 210 of 11, Attn: Grant Review Committee. Applications may be amended the applications will be rejected. Applicants will be notified of the status to the contact person listed on the application. Questions about the rocess or application status must be directed to Larry Persily, City mail lpersily@kenai.city . If the demand for grants exceeds the City's erves the right to prorate the grants equally to all recipients to stay a grant funds received by a nonprofit must be fully expended by inch grant recipients are required to submit a brief report to the city of			
and accurate and acknowled	oplicant, I certify that the information provided in this application is true ge that the funds will be spent by the required deadline of Dec. 30, verification of information provided in this application and to provide sity, if requested.			
Signed:	Date:			
Print Name:	Title:			