AMERICAN RESCUE PLAN ACT

Round #2 Grant Application



Please Preview Entire Application & Program Budget Here

Important Eligibility Requirements:

* You must be a 501(c)(3), with an IRS Determination letter dated before October 3, 2021.
* Your organization must have been in operation continuously since October 3, 2021.
* You must be in good standing with the state of Maryland
* The following organizational documents will be required
	+ IRS Determination Letter
	+ Maryland Certificate of Good Standing
	+ FY22 Profit and Loss Statement
	+ FY23 Budget
	+ 990/990EZ for all organizations required to perform them by the IRS. All other organizations will need to submit their most recent Audit and/or the prior year’s end profit and loss statement signed by an authorized party
	+ Program Budget (Provided)

Eligibility:

1. Are you a recognized 501(c)3 Organization with an IRS Letter dated before October 3, 2021?

*Yes/no*

1. Has your organization been continuously operating since October 3, 2021?

*Yes/No*

1. Is your organization in good standing with the State of Maryland?

*Yes/No*

**If you answered no to any of the above questions, you are not yet eligible to receive an American Rescue Plan Act Grant. Please Call the Trust at (301)934-3700 with any questions**

Organization Information:

1. Legal Name of Organization
2. Address
3. Organization Email
4. Organization Phone
5. Website
6. Organizational Summary (300 words or less)

*What is the mission of your organization, what populations do you serve and where are they located in Charles County?*

1. How many individuals do you estimate your organization will serve this fiscal year?

*[enter a numeric value into the textbox here]*

1. What is the total amount of this fiscal year’s general operating budget?

GRANT REQUEST

All requests must respond to COVID-19 or the negative impact of the pandemic.

You may request funding for any or all categories of funding. For an explanation of each category of funding, go to **see the updated application instructions** page on website

*For local chapters/offices of regional or national organizations, submit local financials for Charles County only. Contact Christie Burnett at* *cburnett@charlesnonprofts.org* *if this poses a problem for you. Grant awards may only be used to serve Charles County residents.*

1. What types of expenditures does your grant request cover? Check all types that apply.

 Category A: For Your Organization

 Revenue Loss

 Workforce Assistance

 Organizational Planning

**Category B: Provision of Services**

Covid-19 Mitigation & Prevention

Assistance to Households

Education & Other Support for Students

Mental Health & Substance Abuse Services

Assistance to Unemployed Workers

Technical Assistance

Preventing & Responding to Violence

Homelessness

Capital Expenditures

Other

1. Which Categories are you applying for?
	1. $[\_\_\_\_\_\_\_] Revenue Loss, Workforce Assistance and Organizational Planning (Category A)
	2. $[\_\_\_\_\_\_\_\_] Expenses & Services Directly Related to the COVID 19 Pandemic (Category B)
	3. $[\_\_\_\_\_\_\_\_] Total Requested from Categories A+B (Maximum Amount $25,000)
2. **CATEGORY A: Net Revenue Loss during the period March 3, 2021 to December 1, 2023**
3. What is the amount of your net revenue loss, *not* covered by other revenue sources?

*[Enter numeric value]*

ii. Briefly describe the reasons for your net revenue losses:

*(200-word limit)*

iii. Please provide evidence of your Revenue Loss. Provide up to 3 financial documents.

*Upload up to 3 financial documents that provide evidence of net revenue loss. For example, budget vs. actuals for the period of loss compared to budget vs. actuals for the same period of loss in the previous year. Because the pandemic began in March 2020, you may also need to provide 2019 financials to provide evidence of loss. Reasons for projected revenue loss must be explained in detail.*

*Upload Revenue Loss document 1*

*Upload Revenue Loss Document 2*

*Upload Revenue Loss Document 3*

iv. Budget Narrative.*Optionally, provide information that will assist in reviewing your financials.*

 *(200 word limit)*

1. CATEGORY B: Expenses directly related to the COVID-19 pandemic between March 3, 2021-

December 1, 2023.

*Please note that Premium Pay may only be reimbursed retroactively to March 1, 2020. Refer to the grant instructions for guidance in determining eligible employees.*

If you apply for funds in CATEGORY A, do not include *those* expenses in your Category B request

1. What is the total amount of your CATEGORY B grant request?

*[enter numeric value]*

1. Briefly describe your request for expenses that were or will be incurred to respond to, mitigate or prevent COVID-19 *OR* that address the negative impact of COVID-19.

 *(300 word limit)*

1. Download Provided Budget Template

*Upload completed Budget Template*

1. Budget Narrative. Optionally, provide details about the line items in your budget that are not evident in your budget spreadsheet.

 *(200 words or less)*

Please Answer the Following Organizational Questions and Submit the following required documents

1. EIN #

*[enter a numeric value]*

1. Year Organization Was Incorporated

*[enter a numeric value]*

1. Start Date of Current Fiscal Year

*[enter a numeric value]*

1. FY22 Profit and Loss Statement.

*Upload*

1. FY23 Operating Budget

*Upload*

1. IRS Determination Letter

*Upload*

1. Upload your 990 or 990EZ. If you are not required to submit a 990 or 990EZ to the IRS, please submit your most recent audit. If you are not required to perform an audit, and have not completed one, please resubmit your last year’s P&L, signed by an authorized person in your organization

*Upload*

1. Maryland Certificate of Standing Click Here to Get Yours

*Upload*

Contact Information:

*Please indicate your point of contact in reference to this grant application:*

1. Contact Name

2. Contact Email

3. Contact Phone Number

*By submitting this application, the authorizing contact assures that the information submitted in this application is accurate.*

Authorizing Contact:

*Executive Director or Managing Head of Organization*

1. Name
2. Email
3. Phone