

Community Foundation of North Central Florida

Eligibility

Economic Impact*

Has your nonprofit organization suffered demonstrable economic impact as a result of COVID-19?

Choices

- No
- Yes

Location*

Is your organization a nonprofit and located within Alachua County? (physically or principally)

Choices

- No
- Yes

Operating Status*

Is your nonprofit organization active, open and operating (in-person or virtually)?

Choices

- No
- Yes

IRS Status*

Is your organization legally registered, fully licensed as a nonprofit (as required by applicable law), and up to date on tax payments/filings to include a valid IRS Form 990 for 2020 (or 2019) or an independently audited financial statement?

Choices

- No
- Yes

IRS Status*

Was your organization incorporated as a nonprofit prior to January 1, 2020?

Choices

- No
- Yes

The Philanthropy Hub Verification*

Is your nonprofit organization verified on The Philanthropy Hub?

Choices

- No
- Yes

Services*

Does your nonprofit organization provide essential human services to City of Gainesville residents who have been impacted by COVID-19? Please check all that apply:

Choices

Childcare

Community Development

Education

Food Security

Housing

Human & Social Services

Medical services (including Mental Health)

Senior Services

Other services related to vulnerable populations (if checked please specify below)

Other Services

Other Services*

If you selected 'Other services related to vulnerable populations', please provide details of how your organization serves those adversely affected by COVID-19.

Character Limit: 250

Eligibility Requirements Not Met

IF YOU ANSWERED NO TO THE ELIGIBILITY QUESTIONS ABOVE, THANK YOU FOR YOUR INTEREST. HOWEVER, AT THIS TIME YOUR NONPROFIT ORGANIZATION IS INELIGIBLE.

Acknowledgment

Acknowledgment*

I understand that in order to apply for the ARPA Nonprofit Fund, my organization must:

- Principally based or physically located within Alachua County;
- providing COVID-19-impacted City of Gainesville residents essential services covering medical services, congregate living safety services, food services, housing stability services, training and adult education services, child care and education services, elder care services, and mental health services;
- active, open and operating (in-person or virtually);
- registered as a 501(c)(3) prior to January 1, 2020;
- fully licensed as a nonprofit (as required by applicable law), and up to date on tax payments/filings to include a valid IRS Form 990, 990-EZ, or 990-N filing no later than 2019, or an independently audited financial statement from the most recently completed fiscal year;
- able to demonstrate the adverse impact of the COVID-19 pandemic to your organization in one of the following manners:
 - lost revenue due to pandemic-based causes, e.g., due to shutdowns, lost sponsorships, inability to hold fundraising events;
 - incurred unplanned costs to comply with safety and health standards and/or reopening requirements, e.g., modifying facilities for social distancing;
 - incurred unplanned costs for new programming designed to assist those disparately impacted by the pandemic and its economic effects; or
 - incurred unplanned costs for technology to enable virtual work;
- must provide a narrative explaining the impact of COVID-19 on the nonprofit's operations; and
- must not have received or been approved to receive City ARPA funding via a separate initiative, project, or program.

Choices

Yes

Applicant/Nonprofit Organization Information

Target Population*

Select all that apply to indicate which population groups are directly impacted by your work.

Choices

Children (ages 0-12)

Youth/Teens (ages 13-18)

Adults (ages 19-64)

Seniors (ages 65+)

People with disabilities

Low-income individuals/families

Marginalized/Under-served groups

Local impact

What is your organization's impact on its constituents and the City of Gainesville community in recent years? Please quantify your response where possible (i.e. number of people served).

Board Chair or Authorized Person First Name*

Character Limit: 100

Board Chair or Authorized Person Last Name*

Character Limit: 100

Board Chair or Authorized Person Title*

Character Limit: 100

Hub Profile*

Please provide link to verified profile from The Philanthropy Hub.

URL Link

Organization Type*

Choices

Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)
Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)
Public/State Controlled Institution of Higher Education
Other

Tax Form Information*

Please select the tax form your organization most recently filed.

Choices

Long form 990
990EZ
990N (postcard)
Our organization is exempt from filing.
Our organization has not filed.

Gross Revenue*

Enter your organization's total revenue as reported on your most recently filed IRS Form 990 from no later than 2019 or independently audited financial statement from your most recently completed fiscal year.

- For IRS Form 990 enter the amount indicated on line 12
- For IRS Form 990-EZ enter the amount indicated on line 9.
- For IRS Form 990-N, enter your revenue for the corresponding fiscal year.
- For independently audited financial statement, enter the total revenue indicated.

Currency Box

Organization's operating revenue for the last completed fiscal year*

Currency Box

Organization's operating expenses for the last completed fiscal year*

Currency Box

Pandemic changes to your organization

Important tip

Up to 3,000 characters are allowed to respond to each of the following questions as a way to help you avoid having to spend time paring down a response that doesn't fit. The character limit is not a goal to reach. Please still try to keep responses concise. Also, please respond to each of the questions under each main question.

Pandemic-related changes to priorities and goals*

Briefly explain how the COVID pandemic has changed your organizations priorities and goals?

Character Limit: 3000

Pandemic-related changes to your organization's operations*

Please describe how your operations have changed during the pandemic from a staffing and service delivery standpoint.

Character Limit: 3000

Request Information

Purpose of Request*

One sentence describing the purpose of your request. Character Limit: 250

Amount Requested*

Funding can be requested to cover expenses from March 3, 2021 – December 31, 2024. Please enter the total amount of your request for all years of your request.

Currency Box

Total Project Cost* *Currency Box*

Allocation of requested funds for previous expenses*

Please indicate the amount of your organization's request that you plan to use for reimbursement of qualified expenses incurred from 3/3/2021-current. *Currency Box*

Currency Box

Allocation of requested funds for year one*

Please indicate the amount of your organization's request that you plan to use from 6/1/2022 through 6/1/2023

Currency Box

Allocation of requested funds for year two*

Please indicate the amount of your organization's request that you plan to use from 6/1/2023 through 12/31/2024

Currency Box

Impact

Description of Need as Specifically Related to Coronavirus*

Please provide a description of how your organization continues to be impacted by the coronavirus pandemic, operationally and/or programmatically.

Character Limit: 1000

Indicate if your services are directed at populations that have been disproportionately impacted by the COVID pandemic. (Identify at least one category: race, gender, ethnicity, geography, income)

Character Limit: 250

What disparity does this population experience that this program addresses? Examples: home ownership, income, health, educational attainment etc.

Character Limit: 250

For organizations with gross revenue more than \$1 million, show data to demonstrate existing disparities and impact of COVID on the population identified, include local data if possible. Examples of data can be related to health, socioeconomic status, housing, or factors specific to the program

Character Limit: 1000

Number of individuals served*

Indicate the total amount of individuals who will be directly impacted by this program.

Lost Revenue Calculation (Optional Question)

If you are requesting support for lost revenue, please complete the Lost Revenue Calculation worksheet. (INSERT URL)

After downloading and completing the worksheet, please submit it in Excel format.

File Size Limit: 3 MB

Budget Spreadsheet*

Upload the project budget using the spreadsheet provided: ARPA Nonprofit Fund Budget Worksheet.

Add line items to the budget worksheet as needed. Please be descriptive in your line items,

including providing the number of items and cost per item, i.e., 2.5 FTEs @ \$75,000 each.

The worksheet should reflect include information about other ARPA funding or other COVID-related federal funding received and/or pending. After downloading and completing the budget, please submit it in Excel format.

File Size Limit: 3 MB

Budget Narrative*

In the area below, enter a detailed description of how these funds would be spent per each line item in the submitted budget. Be sure to include details about other sources of funding if applicable and if the funding has been committed or secured.

For more information on eligible expenses, please consult the ARPA Nonprofit FundGrant Guidelines.

You also may upload a document containing your budget narrative if you prefer.

Character Limit: 3000 | File Size Limit: 3 MB

Sustainability*

What are the long-term strategies for funding this project/program at the end of the grant period?

Character Limit: 1000

Financial Review

Budgets to Actuals*

Please upload three years of organizational budget to actuals (current year year-to-date, plus the previous two years). You will have to combine the documents into one file to attach here.

File Size Limit: 4 MB

Balance sheet*

Please upload your most recent balance sheet. *File Size Limit: 2 MB*

Financial oversight*

How is the board and finance committee evaluating the financial health of your organization?

What type of financial documents do they review and how often?

Character Limit: 2000

Confirmation & Attestation

My nonprofit organization was adversely affected by the COVID-19 pandemic.*

Choices

Yes

My nonprofit organization, if approved, will use awarded ARPA Nonprofit Funding solely for the purpose of covering expenses directly related to the COVID-19 pandemic.*

Choices

Yes

I/We have not already received (and will not receive) reimbursement of any of these costs through another funding source (such as insurance or grants).*

Choices

Yes

I/We fully understand that any funding awarded under this program must be used to purchase services or products that will be used within the City of Gainesville by December 31, 2026.*

Choices

Yes

I/We fully understand that it is a Federal crime to knowingly make false statements (especially regarding the misuse of funds).*

Choices

Yes

I/We fully understand that my case file may be subject to a random audit, five (5) years after the date of closing. This audit may be conducted by the City of Gainesville, and/or another local or state nonprofit organization. I agree to fully cooperate with any of these agencies as requested.*

Choices

Yes

I/We fully acknowledge that if any omissions or misrepresentations are revealed, I will be subject to immediate repayment of all assistance received.*

Choices

Yes

I certify that the information contained in this application is true, complete and correct to the best of my knowledge. *

Choices

Yes

Signature*

By entering my name below and submitting this application for financial assistance, I affirm that I read, understand, and agree to the previous statements. I am bound by all of the above statements in this application, and agree to be bound by the following terms and conditions if awarded under this program. I confirm that this application is submitted under the authority and approval of the CEO or Executive Director of my organization.

Character Limit: 50

Date Signed*