Community Foundation of Crawford County’s COVID-19 Emergency Relief Response Initiative Overview

In response to the impact being endured by so many people within our community, from COVID-19 (Coronavirus) – The Community Foundation of Crawford County has established a specific emergency fund, dedicated to meeting the most critical needs, of those impacted. This grant is purposed and specific to 501(c)(3) nonprofit organization who are working with the most vulnerable populations in our community – to address the most immediate needs.

Fund Purpose

To provide unrestricted operating support to nonprofits and groups meeting immediate, emergent and unanticipated community needs resulting from the COVID-19 pandemic. This fund will be used to meet unmet needs, not duplicate or fund programs, that other funding programs could and/or do cover, or needs that could be met by Federal or State funding programs.

Eligibility

Local 501(c)(3) non-profit human service organizations and community collaborative/groups using a 501(c)(3) fiscal agent.

Funding Priorities:

Emergency assistance funding will be prioritized as follows:
- Nonprofit organizations and/or community groups - of which, directly operate or serve within Crawford County, Indiana area
- Eligible organizations and/or groups, of which, perform work and/or services, directly benefiting the most vulnerable and/or systematically marginalized people of the aforementioned locations/areas
- Eligible organizations/groups who have experienced a significant decrease or require significant increase, in critical volunteer/employee capacity - as a direct result of COVID-19
- Eligible organizations/groups, whose primary program participants are high-risk for contracting COVID-19 (e.g. older adults and those with chronic health conditions)
Funding Information:

$17,000 is available in this current cycle for immediate investment. We will continue to raise money and re-invest it back into the community as it is received.

Transparency:

In activating the Fund, the CFCC will take the following actions to remain transparent and accountable to our community:

- Tracking donations to the COVID-19 Community Relief Fund on our Facebook page. Currently, donors include a significant investment by United Way of Perry County joined by donations from the following: the Roger and Karen Haverstock Donor Advised Fund, an anonymous donor, Dubois REC (specifically for Food Pantry Support) and from the Community Foundation of Crawford County’s Disaster Relief Endowment Fund.
- Tracking grant investments (distributions) from the COVID-19 Community Relief Fund on our webpage.
- Sharing stories and detailed reports, of the Fund’s impact on people, organizations and our community.

Grant Application and Submission Process

1. Complete and submit this application by email to LFraime@cf-cc.org.
2. CFCC staff may reach out to you to clarify your request. Respond to questions regarding your submission if received as soon as possible, so that we can expedite your review process.
3. Proposals submitted, will be reviewed with determinations and notifications being made to organizations, no later than approximately Friday of the following corresponding week of which the application has been received.
4. Award notification—approved or declined.
   a. If approved, please sign and return terms of grant.
   b. Grant award funds administered via check that can be hand delivered, picked up or mailed at the grantees discretion, after signed terms of grant are received and accepted.
   c. If your application is denied, we will inform you of the reason via the contact information you have provided within the application.
2020 COVID-19 Emergency Grant Request Form

Use this form to submit requests to the CFCC. To avoid confusion about the purpose of this funding stream, please read the previous information before applying.

General Information:

Organization: ________________________________  EIN #______________

Must active on the IRS.gov/charities-and-nonprofits, “Tax Exempt Organization Search”

Fiscal agent acting on behalf of someone else? Place an “X” here: _________

Project Name: __________________________________________________________________

Amount of Request: _______________________________________________________________

Contact Person: _________________________________________________________________

Email: ___________________  Phone 1: ___________  Phone 2: ___________

Physical Address: _______________________________________________________________

________________________________________________________

Mailing Address: _________________________________________________________________

________________________________________________________

Organization Mission:

Project Title:

_____________________________________________________________________________
About Your Request:

Is your request related to one or more of the following? (Select all that apply) *

☐ Responding to the emergent needs of our primary program participants who are high-risk for contracting COVID-19 (e.g. older adults and those with chronic health conditions)

☐ A decrease in critical volunteer capacity, or increase in staff, as a result of the COVID-19 pandemic

☐ Emergency supplies or items needed to purchase, to meet needs of vulnerable/impacted community members

☐ Operational/Overhead or Administrative expenses, necessary to sustain programs/services that are meeting emergent or critical needs of community members

☐ Financially assisting impacted members of the community with utility, rent, housing or other “essential” payments, of which are needed for survival.

What is the range amount, of your annual operating budget? (Please reference your 2019 fiscal year)

☐ Up to $25,000

☐ $25,001-$150,000

☐ Greater than $150,000

Has your organization applied for assistance through the CARES Act (PPP) or any other outside source?

☐ Yes

☐ No

☐ Pending Approval

If Yes or Pending Approval Please Explain:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Please provide a brief summary of your funding request (Please only request funds for Immediate (30-90 days) Needs

______________________________________________________________________________

______________________________________________________________________________
Describe the immediate, emergent and unanticipated community need(s) resulting from COVID-19 on the populations you serve and/or your organization. How do you plan to address these need(s)?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

How will funds requested benefit people with low incomes and historically and/or systematically marginalized people? Please be as specific as possible.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

How many estimated months of operating reserves does your organization/group have at this present time? *

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

* Grant award amounts for the COVID-19 Emergency Assistance Fund will be partially considered, based on your annual operating budget and/or operating reserves. Organizations are strongly encouraged to request funding amounts that correlate with those ranges and/or their most critically related needs, respectively. The CFCC will review and consider ALL requested amounts, outside of these ranges, as the final determination for awarded funding involves a multiple scoring factor process. The CFCC reserves the right to fund requests outside of these ranges based on its assessment of community need and an applicant’s case for support.

What is the total amount you are requesting? $___________________________________
Approximately how long do you anticipate or expect it to take, to fully expend (use), 100% of the funding we provide (if awarded), from the time you receive the money in your account?

- [ ] 1-4 weeks
- [ ] 4-8 weeks
- [ ] 8-12 weeks
- [ ] More than 12 weeks
- [ ] Unsure at this time

Is the amount you are requesting enough to sustain your needs for 30-60 days or greater; if not, please explain why not.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

* Please attach to your email any additional documents that will help us to understand the need behind your request with your application. This includes any invoices, estimates, or financial documents supporting this application.

Thank you for applying for our 2020 COVID-19 Emergency Grant and for the important work you do in our community!