



CARES Nonprofit Support Program Application for Funding

The COVID-19 Response Non-Profit Program provides financial support on a reimbursement basis to non-profit organizations addressing the immediate needs of Ocean County due to the COVID-19 public health emergency, consistent with the Ocean County COVID-19 Response Non-Profit Program Guidance. Non-profit organizations may request funds during the open application period for reimbursement of eligible expenses.

The intent of the program is to provide financial support to non-profit organizations that incurred new costs that would not have otherwise been incurred absent the COVID-19 public health emergency and to address the needs directly resulting from COVID-19. This program is not intended to be used to address revenue loss or budget shortfalls. Rather, this fund is intended to provide financial support to non-profit organizations that stood up programs directly in response to the needs resulting from COVID-19.

Funding will only be approved for eligible applicants and will be limited to expenses that meet the program requirements as established in the COVID-19 Response Non-Profit Program Guidance.

Funds will be available in two tranches:

1. Tranche 1 has an open application period from May 13, 2021 through June 24, 2021. All applications must be received during the application period to be considered for funding. Funding will be limited to expenses incurred during the eligible period of March 1, 2020 through February 28, 2021.
2. Tranche 2 will be available for funds incurred as of March 1, 2021 or later, contingent on there being remaining funds at the conclusion of the first tranche.

Complete applications must be received prior to 11:59 p.m. on last date of the application period. Applications and all supporting documents must be emailed to: OCnonprofit@co.ocean.nj.us.



CARES Nonprofit Support Program Application Checklist

Only complete applications will be considered for funding. Please ensure your application includes all required components prior to submission.

	Requirement	Acceptable Documents
<input type="checkbox"/>	Complete the written application for assistance	<ul style="list-style-type: none"> • Completed, signed application • Email complete application and all attachments to OCnonprofit@co.ocean.nj.us
<input type="checkbox"/>	Provide proof of non-profit status	<ul style="list-style-type: none"> • IRS Determination Letter, or • Certificate of Exemption, or • IRS pending application notice AND documentation of a suitable fiscal sponsor
<input type="checkbox"/>	Provide Form 990	<ul style="list-style-type: none"> • The most recently completed two years of Form 990, including all pages of the documents • <i>Alternate for religious organizations not required to submit 990s: Audited financials for the last two years. If not available, the organizational budgets for 2019 and 2020 certified by the Board Treasurer as true, complete, and accurate</i>
<input type="checkbox"/>	Demonstrate the organization provides COVID-19 relief services to Ocean County residents and/or workers	<ul style="list-style-type: none"> • Your application should clearly reflect the COVID-19 relief services you are providing to local residents, and • The organization's mission statement should align with the services you are providing
<input type="checkbox"/>	Documentation of eligible costs and proof of payment	<ul style="list-style-type: none"> • Copies of receipts, payroll reports, or other reasonable documentation of costs that detail all expenses included in the application, and • Proof of payment for all requested amounts (e.g. check copies or paid invoices)

If an application is approved for funding and upon request, the non-profit organization will need to provide all necessary information before funds are disbursed including, but is not limited to:

1. Signed Grant Agreement
2. W-9 Certification
3. Completed Payment Information Form including:
 - a. Organization's Legal Name
 - b. Alias/DBA Name (if applicable)
 - c. Tax Organization Type or Classification Type
 - d. Taxpayer Identification Number (TIN or EIN)
 - e. Legal Address information
 - f. Designated account holder information (Contact Name, Address, Phone Number and Email Address)
4. Business Registration Certificate (optional)

Non-Profit Organization Information

Non-Profit Organization Legal Name: _____

Organization Alias/DBA Name (if applicable): _____

Name of Point of Contact: _____

Email of Point of Contact: _____

Phone # of Point of Contact: _____

Website: _____

Mailing Address	Physical Address (if different)

Non-profit Type: 501(c)3 Other non-profit type, please specify: 501_____

Federal EIN / TIN #: _____

Note: this is required to do business with Ocean County.

Expense Detail

Applicants may choose to provide the information required in this section in an excel workbook that mirrors the table below and is submitted with the application. Applications that do not include all fields as they appear below will be considered incomplete. For an application to be considered complete, all expenses listed below must be supported by copies of invoices and proof of payment that can clearly be matched to the information in the table below.

\$ Amount	Date Paid	Description	Vendor	Invoice #	Check #

CRF funding request (sum of "\$ Amount" from the Expense Detail table): _____

Note: Awards will be limited to incurred expenses that meet the program requirements.

Were all funds incurred by March 31, 2021? Yes No

Will all goods or services purchased be in use prior to December 31, 2021

Yes No, please specify by when: _____

1	Expense Description - Please provide a narrative description of the project/costs (if multiple expense types or projects, please provide narratives for each)

2	Community Needs Addressed - Please explain how the requested expenses address the needs of local residents and/or workers directly resulting from the COVID-19 public health emergency or the resulting economic impacts of COVID-19 (if multiple expense types or projects, please provide narratives for each)

3	Consistency with Mission - Please provide the organization's mission statement and explain how the COVID-19 response services being provided align with the mission statement.

4	Cost Reasonableness - Please explain what steps were taken to ensure competitive pricing was obtained and, if applicable, please include a description of an alternative analysis and/or an explanation of the procurement process you followed and (if multiple expense types or projects, please provide narratives for each)

Duplication of Benefits

Has the non-profit requested funds from any other entity or program to reimburse any of the costs requested for reimbursement in this application? Yes No

If yes, please list all other sources of funding requested and/or received by the non-profit organization to support COVID-19 response work:

Funding Source	Requested Funding Amount (\$)	Applied for? (Yes/No)	Awarded? (Yes/No/TBD)	\$ Obligated /Awarded
Paycheck Protection Program (PPP)				
Emergency Solutions Grant (ESG)				
CDBG-CV				
Economic Injury Disaster Loan (EIDL)				
Others: (specify)				

(add more rows as needed)

Financial Considerations

The Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards issued by the federal Office of Management & Budget (OMB) requires that any organization that expends \$750,000 or more in federal financial assistance in a fiscal year must secure an annual audited financial statement.

Conflict of Interest

Does anyone in the leadership of the nonprofit have a family or business relationship with an Ocean County, New Jersey employee or elected representative? Yes No

If yes, for each such relationship, list the (1) name of the individuals at the non-profit, (2) the name of the individuals in Ocean County government, and (3) the type of relationship (e.g. mother, father, child, business partner).

Acknowledgments

You must check all items below for your application to be considered complete:

- I acknowledge that all the information herein is accurate to the best of my knowledge as of the date of application submission.
- I acknowledge that as of this date the nonprofit is current with all federal, state, and local taxes owed.
- I acknowledge that the submission of an application does not constitute an award of funding.
- I acknowledge that applicants and grantees for this program are responsible for following the rules, regulations, and contract stipulations of the program regardless of the source of funds; furthermore, I acknowledge that it is the responsibility of a grantee to use and report on all funds appropriately whether sourced from local, County, State, and/or Federal government programs.
- I acknowledge that funds may only be provided on a reimbursement basis and that if an application is approved for funding, that fund disbursement will be contingent upon satisfactory documentation of expenses, include documented proof of payment.
- I acknowledge that if my nonprofit/organization is awarded grant funds, a representative of the organization with the authority to sign legally binding documents will be required to sign a grant agreement requiring that grant funds will be used as stipulated by the program guidelines and grant contract. Furthermore, I acknowledge that any use of funds that violates the grant contract are subject to repayment to Ocean County and may result in legal action including prosecution.

Certification

I, the duly authorized representative of the applicant agency/organization, certify that the foregoing statements are true to the best of my knowledge and belief:

Signature of the Executive Authority	Date
Print Name	Title