



NON-PROFIT/NOT-FOR PROFIT ASSISTANCE GRANT APPLICATION

Non-Profit/Not-For-Profit Grant Overview

Jefferson County has allocated CARES Act funding for economic support of county-based non-profits/not-for-profits that are experiencing hardships caused by interruption or increased demand of services due to Coronavirus (COVID-19). This hardship must have occurred between March 1, 2020 through December 30, 2020. This grant is intended to provide short-term support for two categories of these organizations:

- Category 1: Those that are providing COVID-19 relief services to residents of Jefferson County individuals and are experiencing an increased demand for services that are not budgeted. These services are limited to: Food Assistance; Rental/Mortgage Assistance; Utility Assistance; Mental Health Counseling; and Daycare Assistance.
- Category 2: Those that have experienced an interruption of normal activities due to COVID-19 that has caused operational expenses to be underfunded. Applicable operational expenses are rent/mortgage payments including late fees, utility payments including late fees, payroll (excluding taxes), and purchase of protective equipment/measures.

The CARES Act

All grant funding requests must align with the CARES Act guidelines. This means that all expenditures must be directly related to COVID-19, not previously budgeted, and incurred between March 1, 2020 and December 30, 2020.

Eligibility Checklist

- Provide proof of non-profit 501(c)(3)(6)(7) status and be in good standing with the State of Florida Secretary of State since January 1, 2019.
- Provide proof of current and accepted filings with Federal-IRS
- The organization has its principal place of business in Jefferson County.
- The organization provides COVID-19 relief services to the residents of Jefferson County. Limited to Food Assistance; Rental/Mortgage Assistance; Utility Assistance; Mental Health Counseling; and Daycare Assistance.
- The organization can meet the technical requirements of the grant program, including the ability to provide financial records and program validation.
- Officers/Managing Members of the organization cannot have been convicted of financial crimes within the past three years.

Grant Award

\$5,000 one-time award for Organizations that fit one of the listed Categories below:

- Category 1:
 - Meet all listed eligibility requirements
 - Can clearly document the increased demand for services outlined above
- Category 2:
 - Meet all listed eligibility requirements
 - Can clearly document an interruption of normal/scheduled activities due to COVID-19 and how it caused underfunding of typical operational expenses as outlined above

Application deadline will be November 20, 2020 5:00 pm local time. Faxed or emailed applications cannot be accepted.

Please return by hand delivery or mail, all completed applications including all required attachments, to:

Jefferson County, Board of County Commissioners
Attn: JeffCo CARES
450 W. Walnut Street
Monticello, FL 32344

For questions, please contact us at: Phone: (850) 342-0355
Email: jeffcocares@jeffersoncountyfl.gov

Do not email applications as the documents may contain personally identifiable information and may be subject to public records disclosure per Florida Statutes, Chapter 119.



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INCOMPLETE SUBMITTALS WILL BE DEEMED INELIGIBLE

Legal Business Name:			Date:		
DBA (if applicable):			Taxpayer ID Number:		
Physical Business Address:		City:	State:	Zip Code:	
Mailing Address (if different):		City:	State:	Zip Code:	
Phone #:	Mobile #:	E-mail:	Website Address:		
Has Organization Been Established Since 1/1 /2019? <input type="checkbox"/> Yes <input type="checkbox"/> No			Type of Non-Profit Structure (select one): <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)(6) <input type="checkbox"/> 501 (c) (7) <input type="checkbox"/> Other (describe)_____		
Describe Organization Mission Statement:					
Authorized Representative 1:					
Name and Title:			Signature:		
Address:			Primary Phone #:	Primary E-Mail:	
Authorized Representative 2:					
Name and Title:			Signature:		
Address:			Primary Phone #:	Primary E-Mail:	
Purpose of Grant (Use of Proceeds): <input type="checkbox"/> Food Assistance <input type="checkbox"/> Daycare Assistance <input type="checkbox"/> Mortgage/Rent Assistance <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Mental Health Counseling <input type="checkbox"/> Personnel Protective Equipment <input type="checkbox"/> Payroll (not including taxes) <input type="checkbox"/> Other Needs (explain)_____					
Did you receive funds for the same request from other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, how much and from whom?		

Provide a description of how your Organization will use the grant funds, including a clear correlation to addressing the impacts of the COVID-19 pandemic. (Attach additional documentation if necessary):



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Please describe how the need for your organization's services has grown as a result of the COVID-19 pandemic.

Proposed number of individuals served above the normal service level:

Please describe the eligibility criteria used to assist clients or provide services:

What specific outcomes will be achieved by receiving this grant?

Official Use Only

Application and Supporting Documentation Complete?

- Yes
 No

Follow Up with Applicant Required?

- Yes
 No

CARES Team Review:

Staff: _____

QA: _____

County Review:

By: _____

Outcome:

- Approved
 Denied
 Incomplete
 Withdrawn
 Duplication of Benefit determined by Reviewer



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Documentation Provided (ALL DOCUMENTATION LISTED MUST BE PROVIDED AND ALL BOXES CHECKED):

- Completed and Signed Application
- Signed attestation acknowledging grant program terms (included in application packet)
- Proof of physical location within Jefferson County
- Proof of non-profit 501(c)(3)(6)(7) status and good standings with the State of Florida Secretary of State since January 1, 2019
- Most recent 990 Form
- Completed and current W9 Form
- Most recent financial statements to include current year's approved budget
- Current Federal-IRS filings
- Documentation of interruption of normal/scheduled activities due to COVID-19 how it caused underfunding of typical operational expenses (Rent/Mortgage, Utilities, Payroll and/or PPE)
- Narrative explaining the type(s) of Covid-19 related services provided to Jefferson County residents (limited to Food Assistance; Rental/Mortgage Assistance; Utilities Assistance; Daycare Assistance; Mental Health Counseling)

Documentation to be Provided by the applicant in the event of a Grant Award:

- CARES Act Certification Form
- Reporting Checklist – Due within 60 days of grant receipt
- Activity logs documenting the number of individuals served, activities completed, and the number of supplies distributed.
- Signed certification by the organization's Executive Director or Board Chair attesting to the accuracy and completeness of records



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CERTIFICATION FORM

Form must be completed in blue or black ink

APPLICATION SUBMITTAL TERMS AND CONDITIONS

1. The entity acknowledges that the application is subject to disclosure pursuant to Florida's broad public records laws subject to limited statutory exemptions. Except as noted below, all information in the application, including any supporting documentation attached, may be disclosed, without any notice to Applicant, if a public records request is made for such information, and the County will not be liable to Applicant for such disclosure.
2. Pursuant to Section 815.045, Florida Statutes, "Trade Secret Information," as defined in Section 812.081, Florida Statutes, and as provided for in Section 815.04(3), Florida Statutes, is expressly made confidential and exempt from Florida's public records laws.
 - 2.1. In order to claim that certain information provided to the County is "Trade Secret Information," the business entity must note (by word, line, or paragraph) the information it wishes to protect as "Trade Secret Information."
 - 2.2. By submitting this Application, the business entity hereby expressly permits the County to consider any information not specifically noted as "Trade Secret Information" as information that is not protected.
 - 2.3. The County reserves the right to make its own determination as to whether certain information is "Trade Secret Information," and to make any disclosures in accordance with its sole discretion pursuant to applicable law.
3. The application, including any supporting documentation, may be disclosed to a third-party not-for-profit or public agency for the purposes of reviewing it for eligibility for funding. If such disclosure occurs, the third-party will have access to the complete Application, including any exempt, confidential, or protected "Trade Secret Information" to be used by the third-party for eligibility determination.
4. Should the business entity receive financial assistance from the County, the business entity agrees that it shall:
 - 4.1. Ensure that its employees and business locations comply with the social distancing and public health safety guidance issued by the U.S. Centers of Disease Control and Prevention.
 - 4.2. Retain all records and supporting documentation related to this Application for a minimum of five (5) years from the date of any financial assistance paid to the business entity. At the end of such five (5) year period, the business entity will allow County to copy all such records, if desired by County. If the business entity sells the business that is the subject of this Application, or otherwise ceases business operations prior the end of the five (5) year period, the business entity will provide County a copy of all such records prior to such sale or other cessation of business operations.
 - 4.3. Permit the County, the State, the Federal Government, or their designated representatives, to, during regular business hours, conduct follow-up site visits and access and audit the business entity's records to prevent fraud and to ensure compliance with federal requirements.
5. The business entity hereby acknowledges that pursuant to Section 837.06, Florida Statutes, knowingly making a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty is a misdemeanor of the second degree.



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6. The business entity understands that it will be liable to the County for the amount of financial assistance received should it be found to have made a false statement in its Application, including any supporting documentation, or to have misled the County in any manner in order to obtain financial assistance.
7. The business entity acknowledges and agrees that any financial assistance received from the County will only be used to pay for or reimburse necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19) that the business entity incurred between March 1, 2020 and December 30, 2020.
8. Should the business entity receive financial assistance from the County, the business entity shall not use any portion of such financial assistance to pay for any expenses that have been or will be reimbursed by insurance or other private sources or under any other local, state, or federal program, including but not limited to other CARES Act programs (such as the Paycheck Protection Program, Economic Injury Disaster Loan, Florida Bridge Loan), or other federal program. Applicant acknowledges that it will be required to repay any amounts received from the County that have been or will be reimbursed by any of the above-described sources and shall indemnify the County for any liabilities, losses, damages, and expenses incurred by the County arising out of Applicant's failure to abide by the terms of this Application and County's actions to recoup the funds from the Applicant, including attorney's fees and costs.
9. The business entity hereby certifies that it shall make its best efforts to return to normal business operations as soon as is practicable and safe after the effects of the COVID-19 public health emergency subside.
10. In the event business entity receives financial assistance from the County and does not comply with all of the terms and conditions contained herein, the business entity will be required to repay the full amount of such financial assistance to the County immediately upon demand. In the event the State of Florida or the federal government at any time demands the return of any financial assistance paid to the business entity, Applicant shall be solely liable for any such amounts and shall return the full amount of the funds in question to the County promptly upon demand.

I have read and understand the above statement.

I certify that this business has no unpaid code enforcement liens and that no Business Owners, including all Managing Members and/or Officers, have been convicted of financial crimes within the past three years.

[REMAINDER OF THIS PAGE LEFT BLANK]



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**This form MUST be signed in Blue or Black ink.
Electronic Signatures are NOT accepted.**

ATTESTATION OF THE AUTHORIZED REPRESENTATIVE

1. I have the authority to legally bind the business entity and I have been authorized by the business entity to submit this Application.
2. On behalf of the business entity, I hereby acknowledge, affirm, and certify to the "Application Submittal Terms and Conditions" as provided above.
3. I am knowledgeable of the business entity's business activities and have reviewed the Application, including any supporting documentation attached, and hereby certify that the Application is true and correct to the best of my knowledge and that it contains no false or misleading statements.
4. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Sections 3729-3730 and 3801-3812).

By checking this box, I agree and validate the above information.

Owner or Authorized Agent Name: _____

Relationship to Owner (If Authorized Agent): _____

Contact Phone Number: _____

Signature: _____

Date: _____