

Non-Profit Spokane Valley CARES Grant Program

Innovia Foundation

Introduction

DEADLINE: This application is due by **5:00 PM (PST) on Friday, September 4, 2020**. Late applications will not be accepted or reviewed.

ELIGIBILITY REQUIREMENTS: For more information about eligibility requirements visit **Greater Spokane Valley Chamber of Commerce**.

QUESTIONS: Email Greater Spokane Valley Chamber of Commerce at grantinfo@spokanevalleychamber.org or call 509-924-4994

TRANSLATION SERVICES: For assistance with this application, please contact Maria, with ASAP Translations at (509)747-5121 Maria@asap-translations.com

Chinese:

有关此应用程序的帮助，请联系 珍妮 刘 ASAP Translations，提供尽快翻译，请致电 (509)747-5121 Maria@asap-translations.com <mailto:Maria@asap-translations.com>

Vietnamese:

Để được hỗ trợ bằng tiếng Việt khi điền vào biểu mẫu này, vui lòng liên hệ với ASAP Translations tại (509)747-5121 Maria@asap-translations.com

Spanish:

Para obtener ayuda con esta aplicación en ESPAÑOL, comuníquese con ASAP Translations: (509)747-5121 Maria@asap-translations.com.

Eligibility Questions

Is this a nonprofit charitable organization registered with the Washington Secretary of State?*

Note: must be in good standing

Choices

Yes

No - Sorry, your organization does not qualify

Is this organization one of the following?*

1. Federally recognized 501c(3)
2. A 501c(3) church/religious organization offering specific programs with direct service offered to general public without regard to faith, affiliation, religious belief or practice, and that are provided in a non-discriminatory way that benefits the larger community

Choices

Yes

No - Sorry, your organization does not qualify

Was this nonprofit established on or before March 1, 2020?***Choices**

Yes

No - Sorry, your organization does not qualify

Services provided***Does this non-profit provide at least 18.65% of their total services within the boundaries of the City of Spokane Valley?****Choices**

Yes

No - sorry, your organization does not qualify

Is this nonprofit located in Spokane County?***Choices**

Yes

No - Sorry, your organization does not qualify

Did your business have 18 FTE employees or less as of March 1, 2020?*

*(full time and/or equivalent part time employees). Please see Q & A on the Greater Spokane Valley Chamber of Commerce website to determine FTE count.

Choices

Yes

No - Sorry, businesses with more than 18 FTE do not qualify

During 2020, will your organization experience a financial loss due to the COVID-19 pandemic?*

Note: this includes previous or projected loss of funding through October 31, 2020.

Choices

Yes

No - Sorry, your organization does not qualify

Is your current annual operating budget over \$10,000?***Choices**

Yes

No - Sorry, your organization does not qualify

Does your organization fall under one of these categories?*

1. K-12 schools (including charter, public, private)
2. Colleges and universities
3. Hospitals, medical research, and healthcare entities that bill for clinical treatment
4. Professional societies and associations
5. Grantmaking foundations and charitable trusts
6. Fraternal organizations
7. For-profit entities
8. 501(c)(4) and 501(c)(6)
9. Church or religious organizations, (except for those offering specific programs with direct service offered to general public without regard to faith, affiliation, religious belief or practice, and that are provided in a non-discriminatory way that benefits the larger community)

Choices

Yes - sorry, your organization does not qualify

No

Public Disclosure*

If selected as an award recipient, I understand our organization name may be publicly released due to Washington State public disclosure laws.

Choices

Yes

No - by not accepting this provision, your application will not be eligible

Nonprofit Information

Organization Name*

Character Limit: 250

What is the mission of your organization?*

Character Limit: 1000

Annual Operating Budget*

Select your annual operating budget size

Choices

\$10,000-\$50,000

\$50,001 – \$250,000

\$250,001 - \$1,000,000

\$1,000,001 - \$5,000,000

\$5,000,001 - \$10,000,000

Over \$10,000,000

Washington State UBI Number*

Please only enter numbers. (Example: 1205927043)

Character Limit: 10

Federal EIN Number*

(Example: 12-8472759).

If you are a church and do not have a Federal EIN, please contact Molly Sanchez at msanchez@innovia.org or 509-624-2606.

Character Limit: 15

What is the zip code for the primary physical organization location?*

Character Limit: 5

Does your CEO or Executive Director identify as one of the following:

Choices

Multi-ethnic

Tribal member

Veteran

Woman

LGBTQ+

What are the populations that your organization primarily serves?*

If your organization primarily serves the general public please select ONLY that. If it primarily serves a more specific group select all that apply.

Choices

My organization primarily serves the general public.

People/families with low incomes

Elderly

LGBTQ+

People who are homeless

People who identify as a racial or ethnic minority

People with disabilities

People with substance use disorders, behavioral health, and/or other chronic health conditions

Refugees and/or immigrants

Victims of domestic and/or sexual violence

Other

COVID-19 Impact

Number of FTE employees as of March 1, 2020*

**(full time and/or equivalent part time employees)*

Character Limit: 20

Number of FTE employees as of April 30, 2020*

**(full time and/or equivalent part time employees)*

Character Limit: 20

Number of FTE employees as of June 30, 2020*

**(full time and/or equivalent part time employees)*

Character Limit: 20

Financial Impact

Instructions: You will need to complete the Calculation Template to generate responses to the following four questions.

1. Click this link <https://innovia.org/financial-worksheet-spokane-valley-cares-grant-program/> download the Calculation Template.
2. Save the template to your computer.
3. Complete the information on each of the four sheets/tabs and enter the responses in the appropriate field of the application.
4. In addition, you will be required to upload a copy of your completed template.

Sheet/Tab 1. COVID-Related Expenses 3/1/20 - 6/30/20*

What were the organization's incurred expenditures from March 1 through June 30, 2020 that were necessary expenses to respond to the COVID-19 public health emergency? Enter this amount from Sheet/Tab 1 of the Calculation Template.

Character Limit: 20

Sheet/Tab 2. COVID-Related Net Losses 3/1/20 - 6/30/20*

What is the total net loss the organization has experienced as a disruption in income from March 1 through June 30, 2020 due to COVID-19 related business interruptions, including closures or social distancing requirements? Enter this amount from Sheet/Tab 2 of the Calculation Template.

Character Limit: 20

Sheet/Tab 3. Projected Future Expenses 7/1/20 - 10/31/20*

*What are the total additional expenditures your organization **projects** incurring from July 1 through October 31, 2020 that will be necessary expenses to respond to the COVID-19 public health emergency? Enter this amount from Sheet/Tab 3 of the Calculation Template.*

Character Limit: 20

Sheet/Tab 4. Projected COVID Net Losses 7/1/20 - 10/31/20*

What is the total additional net loss your organization expects to experience from July 1 through October 31, 2020 due to COVID-19 related business interruptions, including closures or social distancing requirements. Enter this amount from Sheet/Tab 4 of the Calculation Template.

Character Limit: 20

Calculation Template Upload*

Upload the completed Calculation Template here.

File Size Limit: 5 MB

Did your organization receive federal Paycheck Protection Program funding?*

Choices

Yes

No

Loan Size Amount:

If you received federal Paycheck Protection Program funding, please enter the amount:

Character Limit: 20

Has your organization received any additional federal, state or local COVID financial assistance?*

Choices

Yes

No

Amount of other federal, state or local assistance received

Note: Grant or forgivable funds.

Character Limit: 20

OPENTogether Grant Program*

Did your organization apply for the OPENTogether Small Nonprofit Grant Program presented by Greater Spokane Inc. & Spokane County?

Choices

Yes

No

Supplemental Information

Has your organization claimed your Guidestar Profile and completed a Seal of Transparency?*

Choices

- Yes
- No

If you have completed the Guidestar Seal of Transparency, please select which level:

Choices

- Bronze
- Silver
- Gold
- Platinum

Future Survey

Would your organization be willing to be contacted by a third-party to complete an anonymous survey regarding funder support and non-profit capacity need related to COVID-19?

Choices

- Yes
- No

Additional Information

Request Amount*

This program will fund up to \$7,158 for eligible organizations. Please indicate the amount you are requesting.

Character Limit: 20

If approved for funding, how would you use grant dollars?*

Note: The CARES Act explicitly states that expenditures and losses cannot be covered by multiple funding mechanisms. If receiving one of the listed awards in addition to a grant from this fund you may be required to return one of the sources to remain in compliance with federal law.

See: <https://home.treasury.gov/system/files/136/Coronavirus-Relief-Fund-Frequently-Asked-Questions.pdf> for guidance on eligible expenses

Character Limit: 1000

How has COVID-19 impacted your organization's programs, services and/or operations?*

Character Limit: 1000

How does your organization respond to community needs?*

Describe the community needs that your organization is meeting with the programs and services you provide. As relevant, feel free to share any community needs data. If other organizations in your service area also address these same needs, please briefly explain how your organization partners with them or otherwise fits into that landscape.

Character Limit: 1000

How has the work of your organization benefited the community or your clients in recent years?*

Describe your organization's track record of impact and accomplishment in delivering programs and services. Please quantify the scale of your impact where possible — such as numbers served or other relevant measures of your reach and success.

Character Limit: 1000

How does your organization specifically serve the City of Spokane Valley community?*

Eligibility for this grant requires that your non-profit organization must provide at least 18.65% of its total services within the boundaries of the City of Spokane Valley.

Character Limit: 1000

Certification

Certification I*

I certify that I am authorized to submit this proposal on behalf of the organization.

Choices

Yes
No

Certification II*

I certify this organization does not unlawfully discriminate with regard to employees, volunteers, delivery of programs or services, or clients served based on age, sex, religion/creed, race, color, national or ethnic origin, sexual orientation, gender identity or expression, disability, marital status, military or veterans status, pregnancy or genetic information.

Choices

Yes
No

Certification III*

I certify the information provided is accurate and duly reflects the applicant business activities. I attest that, if awarded Spokane Valley Cares Non-Profit Grant funding, the award will be used

to cover expenses incurred between March 1, 2020 and October 31, 2020 related to business interruption caused by required closures due to the COVID-19 public health emergency. I acknowledge my organization may be asked and may be required to provide receipts or additional documentation for up to two years following the receipt of any grant funding. If any of the expenses paid with grant money are found ineligible according to Washington State Department of Commerce, Federal Treasury, or application guidelines, I agree to reimburse the City of Spokane Valley the full amount of the grant award.

Choices

Yes

No

Please Note: By entering data into the next three (3) fields calling for insertion of your Name, Title, and Date, you are:

- (1) representing that you are an officer or other agent duly authorized to enter into legally binding agreements
- (2) agreeing to submit this grant application in an electronic form which shall be bound by its contents as an electronic transaction
- (3) agreeing that your insertion of data into these following fields constitutes an electronic signature.

Name*

Character Limit: 250

Title*

Character Limit: 150

Date*

Character Limit: 10

As a reminder, clicking on the SUBMIT button at the end of the application will submit your application and your application becomes locked to edits. Clicking SAVE will allow you to continue to work on your application. IF YOU DO NOT RECEIVE AN EMAIL CONFIRMATION, YOUR APPLICATION HAS NOT BEEN SUCCESSFULLY SUBMITTED.