

**COMMUNITY CHARITABLE RELIEF PROGRAM
REQUEST FOR FUNDS**

Organization Name: _____

Executive Director: _____

Address: _____

Telephone: _____ Fax No. _____

E-Mail _____ Web Site _____

Person in organization to contact regarding the proposal _____

Address: _____

Telephone: _____ Fax No. _____

Board President Signature _____ Date: _____

COVID Related Expenditure Request

Basic Need (Food, Clothing, Transportation, Housing, Utilities)	\$
Childcare/In Home Child Development Services	\$
Job Training (COVID related unemployment/underemployment)	\$
Mental Health Services	\$
Community Health Services includes COVID testing	\$
Legal Assistance	\$
Operational Costs (PPE, testing personnel, cleaning, barriers, remote work equipment)	\$
Case Management	\$
Lost Revenue (less revenue generated 3/19/2020 – 12/30/2020 compared to 3/19/2019 – 12/30/2019)	\$
Other	\$
TOTAL AMOUNT OF FUNDING REQUESTED	\$

I. INTRODUCTION –

Briefly describe your agency’s purpose, programs, and clients.

II. REIMBURSEMENT STATEMENT

If you are seeking reimbursement for COVID-19 related expenditures, please state with specificity how these expenditures were impacted or necessitated by COVID-19 and attach any documentation supporting this request. (Limit 1 page).

III. OTHER CARES ACT FUNDING/COVID-19 ASSISTANCE

Please individually list funding received, from any source, which was provided to your organization to address COVID-19. State specifically the amount received, the source of the funding, and the specific purpose of the funding. It is up to the Charitable Organization to ensure that supplanting does not take place.

IV. BUDGET –

1. Complete the attached Budget Summary, Revenue Detail, and Budget Narrative. **The Budget Summary should be your full agency budget, not just a program budget.**
2. Please provide us with your most recent internally prepared balance sheet.
3. If you are seeking reimbursement for lost donations or revenue, be sure to provide information to clearly show the reduction in revenue between March 19, 2020 and December 30, 2020 as opposed to the same time period in 2019.

TOTAL BUDGET

Name of Organization: _____

**TOTAL AGENCY BUDGET
CURRENT FISCAL YEAR**

<u>CATEGORY</u>	<u>Column A</u> <u>REQUESTED</u> <u>(COVID</u> <u>RELATED</u> <u>EXPENSES)</u>	<u>Column B</u> <u>OTHER</u> <u>FUNDING</u> <u>EXPENSES</u>	<u>Column C</u> <u>EXPENSE</u> <u>TOTAL</u>	<u>Column D</u> <u>TOTAL</u> <u>EXPENDITURES</u> <u>FOR PREVIOUS</u> <u>FISCAL YEAR</u>
PERSONNEL SERVICES				
• Salaries & Wages				
• Fringe Benefits				
SUPPORTIVE SERVICES				
• Communications:				
Telephone				
Postage				
Internet				
• Supplies				
Consumable supplies				
Commercial Printing				
Food for Individuals				
• Utilities				
• Equipment Purchases				
• Real Property Rental				
• Equipment Rental				
TRAVEL				
TRANSPORTATION				
CONTRACTUAL SERVICES				
OTHER, Specify				
TOTALS				

AGENCY REVENUE DETAIL

<u>REVENUE SOURCE</u>	<u>3/19/2020 – 12/30/2020</u>	<u>3/19/2019 – 12/30/2020</u>	<u>REVENUE TOTAL</u>
• Federal Grants			
• State Grant			
• City/County Grants			
• Donations			
• Program Fees			
• Other (Specify)			
• Other (Specify)			
• Other (Specify)			
• Other (Specify)			
TOTALS			

BUDGET NARRATIVE

(This form should show the calculations used to determine amount of Column A on the Total Budget Form)

Name of Organization: _____

<u>CATEGORY</u>	<u>REQUESTED COVID RELATED EXPENSES</u>	<u>CALCULATION</u>
PERSONNEL SERVICES		
• Salaries & Wages		
• Fringe Benefits		
SUPPORTIVE SERVICES		
• Communications:		
Telephone		
Postage		
• Supplies		
Consumable supplies		
Commercial Printing		
Food for Individuals		
• Utilities		
• Equipment Purchases		
• Real Property Rental		
• Equipment Rental		
TRAVEL		
TRANSPORTATION		
CONTRACTUAL SERVICES		
OTHER, Specify		
TOTALS		