



Non-Profit Covid-19 Grant Program

City of Springfield

Office of Community Development

Please return application by July 17, 2020 at 3:00 PM to: Lori Santaniello at LSibilia@springfieldcityhall.com

Please review Application Guidelines before completing this form.

1. Name of Organization
2. Organization website
3. Street Address
4. Zip Code
5. Organization Email Address
6. Organization Phone Number
7. Application Contact name
8. Application Contact email (if different)
9. Application Contact Job Title
10. Organization Federal ID Number
11. Type of Organization (Brief Description of services provided to community)
12. What neighborhood is the organization located?
13. Does the organization serve the neighborhood it is located in or a wider geography?
 - Serves only the neighborhood it is located in
 - Serves a few neighborhoods in Springfield
 - Serves the entire City of Springfield
 - Serves the City of Springfield and the region
14. Has the organization received any other Covid-19 related grant funding from other organizations? (Example: PPP Program) Please list programs or type "No" if have not received any grant funding from any source.

15. At any point after March 17, 2020 was the organization closed with no revenue of any kind for 30 consecutive days or more?

Yes

No

16. Current organization status today:

Fully Open

Partially Open

Closed awaiting reopening guidance

17. How many years has the organization been in operation?

18. How many employees does the organization currently have (or expect to have upon reopening)?

Full - time (40 hours per week)

Part-time

Total number of employees:

Number of employees that are Springfield residents?

19. Of the organization's Board of Directors, how many members are minority?

30% or more of the members are minority

Less than 30% of the members are minority

20. Does the organization owe any past due taxes, fines, fees to the City of Springfield?

Yes

No

21. Is the organization a registered non-profit?

Yes

No

22. In 2019, was the organizations' annual operating budget less than \$500,000

Yes

No

22. Does the organization have an existing endowment of over \$250,000?

Yes

No

24. Does the organization carry General Liability insurance and compliant with Workers Compensation insurance requirements (both are minimum requirements for City contracting)?

Yes

No

GRANT REQUEST

25. Grant amount you are requesting? (**\$25,000 maximum**)

26. Describe the population you will be serving, and what critical needs related to Covid-19 are you addressing.

27. Briefly describe and provide financial information regarding the economic hardship to your organization due to Covid-19:

28. PROPOSED GRANT BUDGET (*You may use as few or as many categories as you wish - Total amount should add up to your "Grant Request" answer on Question 25*)

Rent/Mortgage

Payroll

Utilities

Insurance

Covid-19
Improvements

Covid-19
Supplies

Other (please
list)

**TOTAL GRANT
REQUEST**

Please type your name and date to serve as a signature for the application and to affirm that all information provided in this application is true.

NAME

DATE

***Please make sure you return your application by **July 17, 2020 at 3:00 PM** to Lori Santaniello at LSibilia@springfieldcityhall.com

****Before* emailing your application, please be sure you **save it and then open it and review it** - be sure you do not submit a blank application.

***Many fields are **REQUIRED** in this form. Please be sure you submit an answer to each question or the form **may not save properly**.