

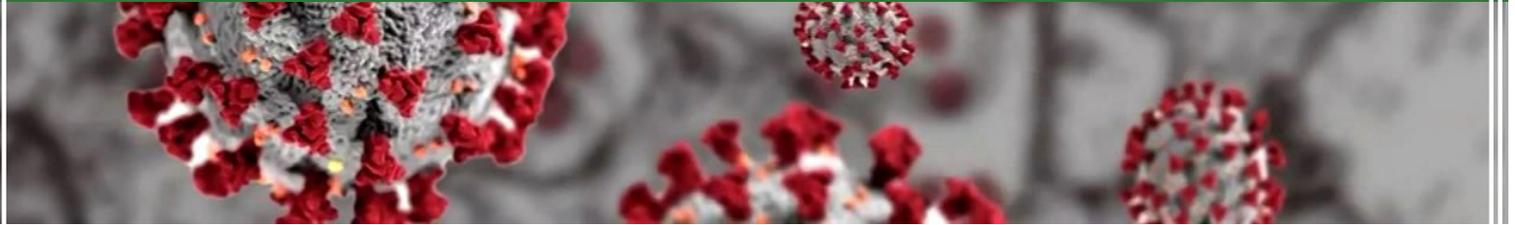
COVID 19



CONTACT US:
WWW.DINWIDDIEVA.US
EDGRANTS@DINWIDDIEVA.US
804.265.1226



Dinwiddie County Non-Profit COVID-19 Disaster Assistance Grant Program



In response to these challenging times in our community, the County of Dinwiddie is pleased to offer a Non-Profit COVID-19 Disaster Assistance Grant Program targeted towards qualified non-profit entities. The objective of this grant program is to offer financial assistance to aid non-profits in better serving the needs of the community to combat the effects of COVID-19. The funds for this program will come from the County's federal CARES Act distribution, which requires that funds be spent in accordance with the US Treasury Department guidelines. Please review the guidelines and submit a complete application to:

edgrants@dinwiddieva.us by the Deadline date of November 20th, 2020 at 5:00 PM.

ELIGIBILITY

- All Dinwiddie County non-profit entities organized as a 501(c)(3), 501(c)(4), or 501(c)(6) organization in good standing with the State of Virginia. Non-profit non-stock corporations registered with the Virginia State Corporation Commission may also qualify.
- Non-profits must serve Dinwiddie Citizens and have been established with a physical location in Dinwiddie County for at least 12 months.
- Applicants must provide one of the following:
 - Their IRS tax exemption determination letter or proof of their status; or
 - Proof of status as a non-profit, non-stock corporation with the Virginia State Corporation Commission, including a copy of the applicant's corporate charter.
- The applicant must clearly demonstrate how the grant would be used to reduce the impact of the COVID-19 pandemic in Dinwiddie County.
- Submission of a timely and complete application (including all additionally required documentation) is required.
- Other relevant factors may be considered by the County.

USE OF FUNDS

- Applicants may qualify for up to \$10,000 in grant funds.
- The grant funds must be used for one or more of the following priorities:
 - Use of funds for PPE and/or disinfecting supplies/equipment.
 - Programs that address food insufficiency in the community.
 - Technology or other solutions to prevent the spread of COVID-19 through social distancing.
- Grant funds must be used to respond to the COVID-19 emergency. Grant funds cannot be used to replace lost revenues. Nor may grant funds be used for items/services that were planned for purchase prior to March 27, 2020.
- Any items/services to be reimbursed with grant funds must have already been received or be expected to be received by December 18th, 2020.
- Grantees cannot use the grant funds for any expense for which the Grantee has already received federal grant or loan funds, or in any other way inconsistent with the CARES Act.
- If approved, grant funds will be distributed to the non-profit organization as a reimbursement for qualifying expenses that were incurred between March 1, 2020 and December 18th, 2020. The organization must provide documentation that the qualifying expense was paid.



Non-Profit COVID-19 Disaster Assistance Grant Program

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CONTACT US FOR MORE INFORMATION

www.dinwiddieva.us

edgrants@dinwiddieva.us

804.265.1226



Non-Profit COVID-19 Disaster Assistance Grant Program

Date: _____

THE FOLLOWING DOCUMENTS MUST BE INCLUDED WITH YOUR APPLICATION:

- ✓ Copy of IRS tax exempt status determination letter or proof of status as a non-profit, non-stock corporation with the Virginia State Corporation Commission. Proof of status as a non-profit, non-stock corporation with the Virginia State Corporation Commission shall include a copy of the corporate charter.
- ✓ Budget document for expenses requested with supporting documentation. If the items/services have been purchased, then a receipt or other proof of payment must be provided with the application. If the items/services have not yet been purchased, then quotes from vendors must be provided. For such items/services that are not yet purchased, a receipt or other proof of payment must be provided to the County prior to payment of grant money, which documentation must be received by Dinwiddie County by December [15], 2020.

Non-profit Information

Legal Name: _____

DBA: _____

Address: _____

City: _____ Zip: _____

Phone #: _____

Years of operation in Dinwiddie County: _____

Email: _____

Website: _____

Federal Tax ID# (EIN): _____

Description of Non-profit: _____



Non-Profit COVID-19 Disaster Assistance Grant Program

Applicant Qualification Questionnaire

Program eligibility is limited to those non-profits that meet the following qualifications:

- A. Has the non-profit been established and operational in Dinwiddie County for at least the past 12 months?

Yes: _____ No: _____

- B. Has the non-profit had a physical location in Dinwiddie County for at least the past 12 months?

Yes: _____ No: _____

- C. Does the non-profit serve individuals living in Dinwiddie County?

Yes: _____ No: _____

Additional Questions

- A. Total number of current employees: FT: _____ PT: _____

- B. Total number of volunteers: _____

- C. Total number of people served annually: _____

- D. Has the applicant submitted an application to the U.S. Small Business Administration (SBA) for financial assistance through the Coronavirus (COVID-19) Economic Injury Disaster Loan (EIDL) program or the Payment Protection Program (PPP)?

Yes: _____ No: _____

- E. Has the applicant received a COVID-19 Small Business grant from the Industrial Development Authority?

Yes: _____ No: _____



Non-Profit COVID-19 Disaster Assistance Grant Program

Statement Narrative

Describe how your organization provides a service to the Dinwiddie County community and explain how the COVID-19 pandemic has affected your organization and those it serves.

Describe any increase or decrease in demand for services that your organization has faced. Has your organization incurred new expenses due to the pandemic? If so, please describe such expenses.

Please provide a budget describing how requested funds have been or will be used. Remember that grant funds must be used for one or more of the following priorities:

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Non-Profit COVID-19 Disaster Assistance Grant Program

Each of the applicants must initial the following statements to indicate that they understand and agree to the following conditions and certifications:

_____ I certify that items/services submitted for a grant with this application:
(1) are necessary expenditures incurred due to the COVID-19 public health emergency,
(2) were not planned to be purchased by the applicant prior to March 27, 2020, and
(3) were or will be expenses incurred during the period that begins March 1, 2020 and ends December 30, 2020, and have been delivered or are expected to be delivered by December 30, 2020.

_____ I certify that I understand that any grant funds to be received by the applicant are CARES Act funds received from the federal government, and the applicant agrees not use the grant funds for any expense for which the applicant has already received federal grant or loan funds, or in any other way inconsistent with the CARES Act.

_____ **If grant funds provided to applicant are later determined by any governmental entity not to qualify under the CARES Act, applicant agrees to repay such funds.** Further, the applicant agrees to hold harmless and indemnify the County of Dinwiddie, its board members, and associated County employees against any damages, losses, liability, costs or expenses (including reasonable attorney fees) incurred and arising from this application.

_____ **This application, even if favorably received, does not constitute a commitment on the part of the Dinwiddie County Board of Supervisors to extend grant funds. I understand that a false certification or false statement on this application will subject the signatory and applicant to repayment of the grant funds and other penalties under the law.** I further agree to notify the County of Dinwiddie immediately in writing if any of the information contained in this application materially changes in any respect.

_____ I certify that (x) this application is not made by or for the financial benefit of any of the following persons or their immediate family members (where immediate family members includes a spouse and any other person who resides in the same household of such person or is a dependent of such person): (i) Dinwiddie County Board of Supervisors Members or (ii) any officer or employee of Dinwiddie County who has the power to or does exercise control or influence over the award of the grant, and (y) the award of a COVID-19 grant to the applicant would not violate the Virginia State and Local Government Conflict of Interest Act.

_____ I certify that the applicant will follow all applicable federal, state, and local COVID-19 safety requirements.

I HEREBY CERTIFY AND ACKNOWLEDGE THAT I HAVE READ THIS ENTIRE APPLICATION AS COMPLETED, AND THAT EACH RESPONSE IS TRUE, COMPLETE, AND ACCURATE.

Applicant: _____ (Name of Non-profit)

Authorized Signature

Date

Title