COVID-19 Recovery Grants

Kosciusko County Community Foundation

Application Instructions
Please complete all required questions below. Questions should be directed to Amy Cannon at 574-267-1901 or amyc@kcfoundation.org.

Applications will be accepted on a rolling basis with grants being awarded monthly as long as funding allows. Applications that are submitted by 11:59 p.m. on the second Monday of each month will be forwarded to our committee for review. Please allow at least 30 days for review.

Application Cover Sheet

Project Name*
Please give your grant request a short title.

Character Limit: 100

Organization Information

Organization Type*
Please select your organization type.

Choices
Child Care or Preschool Program
Library
501(c)(3)

Organization Overview*
Please share your organization’s mission statement and briefly describe its principal services and purpose.

Character Limit: 2000

Population Served by Organization*
What population(s) does your organization typically serve?

Character Limit: 2000

Affiliations
Please list any corporate ownership, formal affiliations or fiscal sponsors.
Grant Proposal

This grant process is specifically designed to support organizations and programs that have been affected by the COVID-19 pandemic in the following ways:

- Supplies and equipment are needed to comply with safety guidelines (masks, gloves, cleaning supplies, social distancing signage, etc)
- Additional staff hours are needed to provide increased cleaning services
- Typical sources of revenue have been deferred or lost due to fundraisers and/or income generating programs being canceled
- Equipment and/or IT services are needed to improve technology resources to allow for remote work or to offer programs virtually

Please answer the questions below to help us understand your organization's need for additional financial support in the wake of COVID-19.

Organization Impact*
How has your organization been impacted by the COVID-19 pandemic? For example, describe lost revenue/funding, the effect on your payroll/staffing, your ability to pay rent/mortgage, your ability to remain operating and/or other effects. The more detailed your response, the better.

Character Limit: 5000

Service Impact*
How have the people you serve been impacted by the COVID-19 pandemic?

Character Limit: 2000

What is the need?*
If approved for a grant, briefly describe how you’ll use the funds. Expenses covered by this grant must be incurred between March 24, 2020 and June 30, 2021.

Character Limit: 2000

Who will be served?*
Please describe who will be directly served as a result of this grant (i.e. elderly, children, low-income, etc.) If possible, include details such as the number of people who will be served and their approximate age range.

Character Limit: 2000
Funding Information

Total Financial Support Needed
What is the total amount of relief funding your organization needs as a result of COVID-19?
*Character Limit: 20

Amount of Request*
How much are you requesting from the Kosciusko County Community Foundation?
*Character Limit: 20

Reserve Fund*
Does your organization have an operating reserve?
Choices
Yes
No

Reserve Fund Amount*
Rounded to the nearest $10,000, what is the current amount in your reserve fund? If you answered no to the previous question, please enter 0.
*Character Limit: 20

Sources of Funding*
What other sources of financial relief are you seeking/do you anticipate seeking? Please provide the estimated amount your organization is receiving/will receive from the funding sources listed below.

If you did not seek or do not plan to seek funding from a particular source, please enter 0.

Paycheck Protection Program*
*Character Limit: 20

State or Federal Funding*
*Character Limit: 20

Grants from other foundations*
*Character Limit: 20

United Way*
*Character Limit: 20

Individual contributions*
*Character Limit: 20
Corporate contributions*
*Character Limit: 20

Loans*
*Character Limit: 20

Reserves*
*Character Limit: 20

Other*
*Character Limit: 20

If you are requesting a bridge grant to help cover lost or deferred revenue due to a fundraiser or income generating program being canceled, please answer the following questions:

Estimated Revenue Lost to Date
Please provide an estimate of how much income your organization has already lost as a result of COVID-19.
*Character Limit: 20

Estimated Future Revenue Lost
Please provide an estimate of how much income your organization anticipates losing as a result of COVID-19.
*Character Limit: 20

Certification

The information contained in this application is for the purpose of obtaining funding from the Kosciusko County Community Foundation Community Funds on behalf of the undersigned. The undersigned understands that the information provided is true and complete and that the Kosciusko County Community Foundation may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Kosciusko County Community Foundation is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Electronic Signature*
*Enter your name to confirm your electronic signature.
*Character Limit: 250
Date of Certification Signature*
*Character Limit: 10

Permission to Share Request*
Do we have permission to share this request with other funders including donors who advise funds held by the Community Foundation?

Choices
Yes
No

Publicity Agreement*
For publicity purposes, my organization's identity may be revealed.

Choices
Yes
No

Authorization Signature
Two signatures are required to submit this application. The signatures indicate that the signers have reviewed the grant request and agree to its submission.

To complete this section, download the Authorization Signature Form and fill out the top section of the form using responses from this application. Collect the required signatures and upload the completed form below.

Authorization Signature Form
A Word version of this form can be downloaded from our website at https://www.kcfoundation.org/grants/community-fund-grants/

Authorization Signature Form Upload*
Please upload your completed Authorization Signature Form.
*File Size Limit: 2 MB

Attachments
Board List*
*File Size Limit: 2 MB
Financial Documents*
Please upload a copy of your organization's internal financial statements (e.g., Statement of Activities, Statement of Financial Position, Operating Budget, etc.)

File Size Limit: 5 MB