

Basehor Economic Relief Grant Application for Non-Profit Organizations

ORGANIZATION INFORMATION:

1. ORGANIZATION NAME:
2. LEGAL ORGANIZATION NAME IF DIFFERENT THAN ABOVE:
3. PHYSICAL ADDRESS:
4. MAILING ADDRESS IF DIFFERENT THAN ABOVE:
5. ORGANIZATION PHONE NUMBER:
6. TYPE OF ORGANIZATION:
7. ORGANIZATION 501 INFORMATION:
8. FEDERAL DUNS NUMBER:

[Http://fedgov.dnb.com/webform/index.jsp](http://fedgov.dnb.com/webform/index.jsp) to apply for a DUNS number for free.

DIRECTOR INFORMATION:

9. DIRECTOR/FOUNDER:
10. HOME ADDRESS:
11. CELL PHONE:
12. EMAIL ADDRESS:
13. ARE YOU OR ANY IMMEDIATE FAMILY MEMBER AN EMPLOYEE WITH THE CITY OF BASEHOR OR A MEMBER OF THE GOVERNING BODY OR PUBLIC OFFICIAL? YES NO
14. WEBSITE OF ORGANIZATION:

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15. STATEMENT OF IMPACT OF COVID-19 ON YOUR ORGANIZATION:

16. WAS YOUR ORGANIZATION DEEMED NON-ESSENTIAL UNDER STATE EXECUTIVE ORDERS WHICH REQUIRED YOUR BUSINESS TO CLOSE?

YES NO

17. WAS YOUR ORGANIZATION ABLE TO OPEN OR REMAIN OPEN UNDER NORMAL OPERATIONS DURING THE PHASED REOPENINGS, EXECUTIVE ORDER 20-29 AND 20-31?

YES NO

18. IF LOCATED OUTSIDE OF BASEHOR CITY LIMITS, HOW DOES YOUR ORGANIZATION SERVE THE RESIDENTS OF BASEHOR?

19. HAVE YOU APPLIED FOR AND/OR RECEIVED ANY CARES ACT FUNDING FROM ANY OTHER ORGANIZATIONS RELATING TO COVID 19?

YES NO (If yes, provide information relating to funding)

Acknowledgements

Applications will be accepted until November 13, 2020 and reviewed by the City of Basehor, and eligibility will be determined based upon the information you have provided. Award recipients will be notified via email or telephone provided in this application on a first come first serve basis.

Funding can be used to offset the costs of interruption for expenditures incurred from March 1, 2020 through December 30, 2020.

Complete application submission does not guarantee grant approval.

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City of Basehor may ask for more information than what is asked for to process this application.

City reserves the right to make exceptions to these policies and procedures as needed.

Grants cannot be requested to cover expenses already reimbursed or paid for by alternative Federal or State funds/grant programs.

Privacy Notice

- a. We are asking that you provide the information on the Small Business Grant Program application form to determine if you are eligible to participate in the program. Some information you supply may be considered public data. We will use your private data only when it is required for administration and management of the program. Persons or agencies with whom this information may be shared include:
 - Staff and other persons involved in program administration.
 - Auditors who perform required audits of this program.
 - Authorized personnel from local, state and federal agencies providing oversight
 - Those persons who you authorize to see it.
 - Law enforcement personnel in the case of suspected fraud or other enforcement authorities as required.

	Amount
Commercial Lease or Mortgage Payments:	_____
Utility Payments:	_____
Personal Protective Equipment and cleaning:	_____
Reopening and safety improvement costs:	_____
Other Eligible Expenditures:	_____
 Total Amount Requested:	 _____

If you requested “other eligible expenditures” above, please describe what those expenditures are:

By signing below, you acknowledge that the information you have provided is accurate to the best of your knowledge and you meet eligibility requirements.

Signature: _____

Date: _____