PURPOSE

The Greene County CARES Non-profit Grant offers emergency relief to support non-profit agencies in their outreach efforts to cover expenditures incurred due to the public health emergency with respect to Coronavirus Disease 2019 (COVID-19), which were not previously budgeted and were (or will be) incurred between March 1, 2020 and December 30, 2020.

INTRODUCTION

Section 5001 of the federal Coronavirus Aid, Relief, and Economic Security Act ("CARES Act"), which became law on March 27, 2020, establishes a Coronavirus Relief Fund. The CARES Act requires that governmental recipients of Coronavirus Relief Fund money use it for expenditures that (1) were necessary expenditures incurred due to the COVID-19 public health emergency; (2) were not accounted for in the governmental budget most recently approved as March 27, 2020; and (3) were incurred, on a cash basis, during the period that begins on March 1, 2020, and ends on December 30, 2020.

Pennsylvania Act 24 of 2020 provides that Coronavirus Relief Fund Money distributed through the Commonwealth, which includes the funds received by the County, may be used for nonprofit assistance programs for entities that are an exempt organization under Section 501(c)(3) or 501(c)(19) of the Internal Revenue Code of 1986.

In support of Greene County's non-profits that have been negatively impacted by the COVID-19 public health emergency, the County is offering emergency funding through the Greene County CARES Nonprofit Grant Program.

APPLICANT REQUIREMENTS

- Must be appropriately licensed, operating and physically located in Greene County.
- Non-profits with operations in multiple locations (inside and outside of Greene County) must disaggregate business information to clearly show data specific to Greene County.
- Must be a non-profit that employs 500 people or less.
- Must have been in operation on February 15th, 2020 and be able to demonstrate fiscal activity in the prior year.
- Awarded funds must be spent by December 30, 2020, with final report forms due to the county by January 8, 2021.
- Provide a copy of their IRS determination letter, their most recent financial statement, and a copy of their most recent annual report, if applicable.
- All entities should provide gross monthly revenues for March, April, May, June and July 2019 and 2020 and documentation such as invoices, sales registers, or fund-raising losses that demonstrates COVID-19 related impact.
- The organization must be engaged in activities that are legal under federal, state, and local laws and must not discriminate based on age, race, color, religion, national origin, handicap, sexual orientation, marital status, gender or gender identity.
- Must have been, and remain, in compliance with all relevant laws, orders, and regulations during the period of the COVID-19 disaster emergency under the Governor's proclamation dated March 6, 2020, and any and all subsequent renewals. The foregoing includes, but is not limited to, orders by the Governor, Secretary of Health, or other commonwealth officials empowered to act during the emergency. Any non-compliant

- business will be ineligible for funding under this program and may be required to return all, or a portion, of the funds awarded.
- Must be able to clearly demonstrate via any means that the organization suffered a
 COVID-related loss or expense. This grant will only provide funding for your loss
 and will NOT provide funding beyond that loss. A grant awarded through this
 program cannot be coupled with any other Federal or State CARES related
 assistance, such as the Paycheck Protection Program, Economic Injury Disaster
 Loan, etc. to generate revenue beyond any loss you can demonstrate.

ELIGIBLE USES

Funds from the Greene County CARES Nonprofit Grant may be used to support the following:

- Expenditures incurred due to the COVID-19 public health emergency between March 1, 2020 and December 30, 2020, such as, but not limited to, the purchase of Personal Protective Equipment (PPE), development of digital resources and processes, modification of a physical space to allow for physical distancing and public safety;
- Expenses related to existing or new programs and services that (1) directly address challenges created or exacerbated by the COVID-19 public health emergency, and/or (2) need to be adapted to satisfy current CDC and Pennsylvania Department of Health guidelines related to COVID-19.

INELIGIBILITY

Funds from the Greene County CARES Nonprofit Grant may **NOT** be used to support the following:

- Organizations not headquartered in Greene County, PA, as evidenced by the organization's legal address in Box C of the IRS 990.
- Organizations not delivering services in Greene County, PA.
- Organizations that did not experience revenue loss due to the coronavirus pandemic and/or organizations that have no additional costs associated with the coronavirus pandemic.
- Government or government-owned or controlled entities.
- Churches or religious organizations with respect to their primarily religious activities and/or their activities which limit participation to members of the church or religious organization.
- For-profit businesses.
- Organizations primarily engaged in lobbying or political activities.
- Organizations NOT compliant with all federal, state, & local laws, including taxation.
- Organizations that are not in compliance with current public health guidelines.
- Organizations that have not complied with coronavirus pandemic phased reopening restrictions.

REVIEW CRITERIA

Applicants are not guaranteed funding. Due to the anticipated high volume of applications, preference will be given to applicants who:

- Provide clear and compelling evidence that they have experienced substantial economic hardship because of the COVID-19 public health emergency
- Have not yet received CARES Act funding through another COVID-19 relief grant or loan program; and/or
- Serve traditionally underserved populations within the county.

TIMELINE

Deadline for applications is Friday, October 2, 2020 at 4:30 pm (EST).

GRANT SUBMISSION

The completed grant application and all requested documentation must be submitted to the County by October 2, 2020.

The application along with all documents should be submitted by USPS mail or hand delivered to: Greene County Commissioners
CARES Non-Profit Grant
93 East High Street
Waynesburg, PA 15370

QUESTIONS

If you have questions about the guidelines or application process, please contact the Greene County Commissioners office at (724) 852-5210.

Application Checklist:

- ✓ Complete and signed application
- ✓ IRS determination letter as non-profit
- ✓ Most recent financial statement
- ✓ Most recent annual report, if applicable
- ✓ Gross monthly revenues for March, April, May, June and July 2019 and March, April, May, June and July 2020
- **✓** Document COVID-related loss or expense
- ✓ Signed Greene County CARES Non-profit Grant Agreement

APPLICATION

| Answer all questions complet | ely and accurately. |
|--|-----------------------------------|
| Date: | |
| Legal Name of Applicant: | |
| Address of Applicant: | |
| | |
| | |
| Email: | |
| Telephone: | |
| Cell Phone: | |
| Type of Legal Entity: | |
| EIN: | |
| NAICS: (If Applicable) | |
| State of Incorporation: | |
| Was your entity in operation j | prior to March 1, 2020? Yes or No |
| Date Entity Established: | |
| Internet Website (if any): | |
| Name of Representative Submitting Application: | |
| Address: | |
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| | |
| Email: | |

| Telephone: |
|--|
| Cell Phone: |
| Is your organization appropriately licensed and operating in the County?Yes or No |
| Does your organization operate from a location in the County?Yes or No |
| List all addresses where your organization operates in the County. |
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| Is your organization a Section 501(c)(3) or 501(c)(19) non-profit entity under the Internal Revenue Code of 1986? Yes or No |
| Specific Type of Organization501(c)(3), 501(c)(19), or Other |
| If you responded "Other" to the previous question, please explain the nature of your organization and its classification for legal and tax purposes. |
| |
| Does your organization have fewer than 100 total employees?Yes or No |
| Does your organization have 500 or fewer total employees? Yes or No |
| How many total employees does your organization have? |
| Is your organization primarily engaged in the tourism industry? Yes or No |

| If the answer to the previous question is yes, explain how your organization is primarily engaged in the tourism industry. | |
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| During the period that began on March 1, 2020 and runs through December 30, 2020, how has your non-profit organization been financially affected by COVID-19, including but not limited to due to required closure orders, voluntarily closures to promote social distancing measures, or decreased customer demand as a result of the COVID-19 public health emergency? Please submit additional pages if needed. | |
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| received under the Paycheck Protection | s under the CARES Act including but not limited to funds Program, or the Economic Injury Disaster Loan Program? |
|---|--|
| (Receipt of such funds will not disqualif did not receive such funds.) | fy applicants, but first priority is given to applicants that Yes or No |
| If the answer to the previous question is | |
| Program Name: | \$ Amount Received: |
| | |
| | |
| Is your organization current on federal, | state and local taxes or filed appropriate paperwork? Yes or No |
| Non-profit entities must provide a copy of statement, and a copy of their most rece | of their IRS determination letter, their most recent financial nt annual report, if applicable. |
| March, April, May, June and July 2020 fund-raising losses that demonstrates C profits with operations in multiple lodisaggregate the information to clearly | y revenues for March, April, May, June and July 2019 and 0 and documentation such as invoices, sales registers, or OVID-19 related impact. As previously discussed, non-ocations (inside and outside of Greene County) must be shown the losses within the County of Greene. If any the CARES Act, indicate the amounts how that funding is the gross monthly revenues). |
| Additional information may be required | prior to disbursement under this program. |
| | o sign a Greene County CARES Non-profit Grant Ill be subject to Pennsylvania Right to Know Laws. |
| I certify that all information on this a knowledge and that I am authorized t | application is truthful and complete to the best of my so submit this application. |
| | Signature of Applicant |
| | Name of Organization |
| | Date |

GREENE COUNTY CARES NON-PROFIT GRANT AGREEMENT

By my signature below, I have read and understand the Greene County CARES Non-profit Grant program. I make the following representations and acknowledge agreement to the following terms and conditions:

- Upon approval of this application, as evidenced by the signature of the County Administrator below, the application becomes a binding contract between the entity named above and Greene County.
- I am the duly authorized representative of the entity named above and can bind the entity to the terms of this Agreement.
- If funds are provided by the County, the funds will be used for the purposes set forth above and I bear full responsibility for all tax consequences of receiving grant funds.
- In no event shall the County's financial responsibility exceed the approved amount and no agency, employment, joint venture, or other such relationship is created by virtue of awarding the grant. The County does not endorse the specific organization.
- I understand all applications and materials submitted will be public records and subject to the Freedom of Information Act (FOIA). Documents identified as proprietary (financial documents, for example) are exempt under FOIA. Application for the grant constitutes an unconditional agreement to and acceptance of the Terms and Conditions. The Applicant is responsible for ensuring his or her familiarity with the Terms and Conditions.
- I certify that it is not under any agreement or restriction that prohibits or restricts its ability to disclose or submit the materials included in the application or otherwise to apply for a grant.
- I acknowledge and agree that information (namely, the business name and any statement that highlights how you may use the grant) submitted by Applicants will be used by the County in the promotion of the grant program and may be displayed on County managed webpage(s) and social media showcasing selected non-profits.
- I certify that all answers submitted in the application are true and accurate and that funds will be expended to cover costs incurred as a result of COVID-19. The County may cancel this agreement at any time upon discovery that any of the information set forth above is inaccurate, that these terms have been violated, or any provision of the grant program has been violated.
- In consideration of the time, expertise and other resources provided by the County, the Applicant, to the full extent permitted by law, by submitting an application voluntarily releases the County of Greene from any and all claims, actions, damages, costs or liabilities of any kind relating to or arising from or in connection with the awarding of grant funds and shall hold the County harmless from any claim arising from the applicant's misuse of the grant funds.

| Greene County | Signature of Applicant |
|----------------|------------------------|
| Amount Granted | Name of Organization |
| Date | |