

# Columbia County Commissioners ARP Nonprofit Relief Grantround

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*Community Giving Foundation*

## General Organization Information

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**What county is your organization primarily located in?\***

**Choices**

- Columbia
- Luzerne
- Montour
- Northumberland
- Snyder
- Union

**What counties does your organization serve?\***

**Choices**

- Columbia
- Luzerne
- Montour
- Northumberland
- Snyder
- Union

**Project Name\***

Name of Project.

*Character Limit: 100*

**Briefly describe your organization's primary mission and programs\***

*Character Limit: 4000*

**Current List of Board of Directors\***

*File Size Limit: 5 MB*

**Additional Counties Served**

Does your organization serve additional counties that are not listed above? If so, list other counties served. If not, list N/A.

*Character Limit: 500*

**How many staff does your organization employ?\***

This category is for paid staff, not volunteers.

*Character Limit: 250*

**What is your organization’s total annual operating budget?\***

*Character Limit: 20*

**Upload your organizations 2021 operating budget\***

*File Size Limit: 10 MB*

***COVID-19 Response Questions***

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**How has COVID affected your agency in 2021?\***

Was your organization open? Did staff continue to work? What other factors affected your agency?

*Character Limit: 6000*

**Is your organization receiving other funding through the American Rescue Plan Act in 2021?\***

Include the total amount received or anticipated to receive through the American Rescue Plan Act outside of this grant application. Please indicate any restrictions on this additional funding. *Note, this does not disqualify you from receiving a grant through this grantround.*

*Character Limit: 3000*

**Dollars receiving in other American Rescue Plan funding:\***

*Character Limit: 20*

**What category of funding are you requesting?\***

**Choices**

- Program Costs
- Operational Budget
- Capital Project

**Amount you are requesting?\***

Grant requests are recommended to be up to \$25,000. The Committee will automatically consider a partial amount of funding, if we are unable to fund your total requested amount.

*Character Limit: 20*

**Describe how grant funds would be used.\***

Specifically provide an explanation of how the funds would be used by your organization.

*Character Limit: 5000*

## Electronic Signature

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### Full Name\*

Character Limit: 100

### Title\*

Character Limit: 100

### Confirmation\*

By entering your signature information above and clicking "I Agree" below, you certify that the statements contained in this grant application are true and accurate. Submitting false or inaccurate information may lead to disqualification of the grant program. You also agree that if selected, you will use the funds granted for the purpose as proposed and approved.

### Choices

I Agree

I Do Not Agree

DRAFT