**AMERICAN RESCUE PLAN ACTION – GRANT APPLICATION**

|  |
| --- |
| **SECTION 1: GENERAL ORGANIZATION INFORMATION** |
| 1. **Organization Name:**
 |  |  **Is this organization incorporated?**  |  |
| 1. **Entity ID Number and Entity Type**
 |  |
| 1. **Previous Organization Name (if applicable)**
 |  |
| 1. **Date of Incorporation?**
 |  | **Registered Agent’s Name** |  |
| 1. **Address , City, State and Zip Code**
 |  |
| 1. **Mailing address (if different from street address)**
 |  |
| 1. **Briefly describe your organization’s mission statement, including the services that your organization offers, and the communities that your organization serves:**
 |
|  |
| 1. **Organization Director’s Name:**
 |  | **Title** |  | **Organization’s Phone #** |  |
| 1. **Organization Director’s Phone #:**
 |  | **Website Address** |  |
| 1. **Organization Director’s Email**
 |  | **# of Board Members**  |  |
| 1. **List every Board Member in the organization and identify the Board Officers:**
 |
|  |

|  |
| --- |
| **SECTION 2: INFORMATION ON YOUR ORGANIZATION’S FINANCIAL STATUS**  |
| 1. **Name of Banking Institution**
 |  |
| 1. **Banking Point of Contact & Phone #**
 |  |
| 1. **Authorized Individuals on Accounts**
 |  |
| 1. **What is your organizations accounting period?**
 |  |
| 1. **Date of organization’s most recent certified financial audit**
 |  |
| 1. **In the last financial audit of the organization, were there any findings and concerns cited? If “YES,” please describe.**
 |
|  |
| 1. **What is the expected date of your next completed certified audit?**
 |  |
| 1. **Contact person’s name, phone number, and email address responsible for the organization’s accounting**
 |  |
| 1. **Please provide the organization’s financial statements for the 2019 and 2020 accounting period. Please also provide the organizations current financial statement.**
 |
| 1. **Please describe in detail all requests for funding to the Russell County Commission or any other local governmental agency in the last five (5) years; provide the amount of each request, whether each request was granted, what the requested funding was to be used for, and describe why any or all requests were denied.**
 |
|  |

|  |
| --- |
| **Section 3: PROPOSAL INFORMATION**  |
| **PROPOSED PROJECT SUMMARY** |
| 1. **Give a brief summary of your proposed program and the need for this project/program in Russell County. Explain the services your organization currently provides, if any; describe what types of activities will be conducted within your proposed project/program; and describe the population that will benefit from the proposed project/program**
 |
|  |
| 1. **Detail how much grant funds you are requesting and briefly describe how your organization will use the grant to implement this proposed project/program.**
 |
| kkhhh |
| 1. **Detail what activity or activities of your organization that were cancelled due to COVID-19.**
 |
| kkhhh |
| 1. **List any funds that your organization lost due to COVID-19.**
 |
| kkhhh |

|  |
| --- |
| **SIGNATURES****To the best of my knowledge and belief, all information in this application is true and correct.** |
| **Name of Organization:** |  |
| **Printed Name of Board President:** |  |
| **Signature of Board President:** |  |
| **Date:** |  |