**AMERICAN RESCUE PLAN ACTION – GRANT APPLICATION**

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| **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:** | | | | | | | | | | | | | |
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| 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:** | | | | | | | | | | | | | |
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| **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.** | | | | | | |
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| 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.** | | | | | | |
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| **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** |
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| 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.** |
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| 1. **Detail what activity or activities of your organization that were cancelled due to COVID-19.** |
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| 1. **List any funds that your organization lost due to COVID-19.** |
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| **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:** |  |