

2020 Critical Community Needs Grant

Cherokee Strip Community Foundation

Application Information

Name of Organization

Contact Name

Mailing Address

Phone Number

Email Address

Tell us about your organization Character Limit: 200

Is your organization a 501 (c)(3) with a determination letter on file from the IRS?

YES

NO

What counties is your organization currently working in?

Number of paid staff members

How many Board Members does your organization have?

How many of your Board Members donated financially to your organization this current fiscal year?

What is your Operating Budget for the current fiscal year?

What impact has COVID-19 had on your organization and the services you provide?

Character Limit: 2000

Have you received any funding under the Federal CARES Act for COVID-19 Support, including PPP, EIDL, or other sources? If yes, please describe.

If yes, how much funding has your Organization received?

Amount Requested

Please indicate the amount you are requesting (*up to \$5,000*).

What does your organization plan to do with the funding if received? *Character Limit: 2000*

What other alternative fundraising activities has your organization done?

Estimated number of people to be served through funding support?

Authorization

By entering your signature information and clicking "I Agree" you certify that: I certify, to the best of my knowledge, that all information included in this proposal is correct. The tax- exempt status of this organization is still in effect. If a grant is awarded to this organization, the proceeds of that grant will not be distributed or used to benefit any organization or individual supporting or engaged in unlawful activities.

I Agree.

I Do Not Agree.

Attachments

- ☐ Please attach a list of current Board Members.
- ☐ Please attach financial reports for current fiscal year with previous year(s) comparison.

Applicant Title

Date

Signature

Due by June 30th. Submitted to carrie@cherokeestripcf.com