

# Summit County COVID-19 Non-Profit Emergency Grant Relief Fund

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*Akron Community Foundation*

## ***SUMMIT COUNTY GRANT AGREEMENT (READ AND ACKNOWLEDGE)***

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Below is a link to the grant agreement for the Summit County COVID-19 Non-Profit Emergency Grant Relief Fund.

*Character Limit: 2000*

**I have read and agree to the Summit County Grant Agreement established for receiving funding.\***

**Choices**

Yes

**Is your organization a 501(c)(3) registered with the Internal Revenue Service?\***

**Choices**

Yes

No

**If your answer is no, you will need a fiscal sponsor.**

Please list the name of the organization that will be serving as your fiscal sponsor.

*Character Limit: 100*

### **Fiscal Sponsor Letter of Support:**

If applicable, please upload your fiscal sponsor letter of support. This letter needs to be on the letterhead of the fiscal sponsor organization, should describe how the fiscal sponsor plans to be involved, including management of the funds and level of project oversight.

*File Size Limit: 8 MB*

## ***SERVICE LOCATION (IF DIFFERENT FROM LEGAL ADDRESS)***

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***This question is for Summit County nonprofit organizations that are headquartered out of the county.***

Please list the Summit County address for the services your organization is providing, only if it is different than your legal organization address.

*Character Limit: 250*

## ***FUNDING REQUEST INFORMATION***

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Please note: The information beyond this point, will be for the applicant organization, even if the applicant is using a fiscal sponsor.

### **Amount Requested (maximum of \$50,000.00)\***

Please select one of the following:

#### **Choices**

\$2,500  
 \$5,000  
 \$10,000  
 \$20,000  
 \$30,000  
 \$40,000  
 \$50,000

Please read the descriptions to see what category/categories your request would qualify for. Choose all that apply for the area of services of the program you are applying for below:

- **Food** – Providing groceries, meals, or other food services directly to Summit County residents.
- **Shelter** – Housing assistance services. The payment of rent, mortgage and utilities are eligible costs under this grant program as well as other housing assistance.
- **Health (excluding hospitals)** – Medical, dental or mental health care to Summit County residents.
- **Safe Care (Safety Net Services)** – Programs designed to keep families, children, elders, and special needs populations safe at home or in community settings (examples include, non-school childcare centers, elder care wellness services, before or after school programs, homeless shelters, mentoring programs, community and neighborhood development programs, social service programs to refugees and immigrants.
- **Workforce Development** – Programs designed to assist residents with acquiring and maintaining employment in light of the economic impact created by the COVID-19 Pandemic.

### **Click all that apply:\***

#### **Choices**

Food  
 Shelter

Health  
Safe Care  
Workforce Development

**Project Name\***

Please begin the project name with "to support..." or "for..." (i.e. "to support Summit County outreach or "for general operating support"). Also, please do not include your organization name in the project name and only capitalize proper nouns.

*Character Limit: 100*

**Have you received any funding relief as part of the CARES Act?\***

This would include: Paycheck Protection Program, Economic Injury Disaster Loans or any other national/local stimulus programs.

**Choices**

Yes  
No

**If yes, please include the amount and funding source.**

*Character Limit: 250*

**Have you received any COVID -19 support dollars from other state or local community funds?\***

This would include Akron Community Foundation, United Way of Summit & Medina.

**Choices**

Yes  
No

**If yes, please include the amount and funding source.**

*Character Limit: 250*

**Number of unduplicated clients in Summit County served by program(s)\***

You may estimate the number of clients if you do not know an exact number.

*Character Limit: 10*

**Percentage of Summit County clients served at or below 200% of the Federal Poverty Level.\***

**Choices**

1 - 25%  
26 - 50%  
51 - 75%  
76 - 100%  
Unknown

## *ADDITIONAL ORGANIZATION INFORMATION*

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**Has your organization been in operation since before March 1, 2019?\***

Choices

Yes

No

**If yes, how many years has the organization been in operation?\***

*Character Limit: 5*

**At the time this application is being submitted, has your organization ceased to operate?\***

Choices

Yes

No

**Is your intention to continue operations/programming following the COVID-19 pandemic?\***

Choices

Yes

No

**How many full-time employees were employed March 1, 2020 at the organization?\***

**Full-Time** - employed as an employee who regularly works at least 20 hours per week and who is provided an IRS Form W-2 at the end of each calendar year.

*Character Limit: 15*

**How many full-time employees are employed at the time of this application?\***

**Full-Time** - employed as an employee who regularly works at least 20 hours per week and who is provided an IRS Form W-2 at the end of each calendar year.

*Character Limit: 15*

**Of these full-time employees, how many live in Summit County at the time of this application?\***

**Full-Time** - employed as an employee who regularly works at least 20 hours per week and who is provided an IRS Form W-2 at the end of each calendar year.

*Character Limit: 15*

**Years of experience the organization's highest staff lead position has in the nonprofit industry.\***

*Character Limit: 2*

**Does your organization primarily serve disproportionately impacted communities?\***

This includes communities of color, low-income communities, rural/geographically isolated, LGBTQ+, individuals with disabilities, refugees, immigrants, or other vulnerable or historically underserved populations.

**Choices**

- Yes
- No

**Is your organization current on all local income and county property taxes (if applicable)?\***

This information will be verified by Summit County Fiscal Office.

**Choices**

- Yes
- No

***APPLICATION QUESTIONS***

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**Annual operating revenue for calendar year 2019\***

*Character Limit: 20*

**Annual operating expense for calendar year 2019\***

*Character Limit: 20*

**Year to date operating revenue through September 30, 2020\***

*Character Limit: 20*

**Year to date operating expenses through September 30, 2020.\***

*Character Limit: 20*

**Estimated lost revenue due to COVID-19 through September 30, 2020\***

*Character Limit: 20*

**Estimated increased (operating) expense due to COVID-19 through September 30, 2020\***

*Character Limit: 20*

**Question 1:\***

Describe the impact the COVID-19 pandemic has had on your organization or how you have had to adjust your operations.

*Character Limit: 1500*

**Question 2:\***

What specifically is your organization proposing to do with these funds as a result of the COVID-19 pandemic?

Examples: Salary \$25,000; Rent \$10,000; PPE \$5,000 or a narrative explanation.

*Character Limit: 1500*

## ***ATTACHMENTS***

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### **List of key staff and board members\***

Please attach a list of key staff, board members with affiliations, and officers summarized on one page.

*File Size Limit: 2 MB*

### **Financial Audit**

**Only attach the opening letter** from your last financial audit, if applicable. This is generally the first few pages of the audit. **If you do not have an audit, please leave this attachment empty.**

*File Size Limit: 2 MB*

**For additional questions or help:**

**For the quickest response, please email [CAREInfo@akroncf.org](mailto:CAREInfo@akroncf.org).**

or contact one of the employees listed below:

John Garofalo at 330-436-5624 or [jgarofalo@akroncf.org](mailto:jgarofalo@akroncf.org)

Dawn Moeglin at 330-436-5630 or [dmoeglin@akroncf.org](mailto:dmoeglin@akroncf.org)

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