



Mayor Jack W. Bradley

CITY OF LORAIN
American Rescue Plan Act (ARPA)

NON-PROFIT RELIEF FUND

A program designed to assist local Non-profit Organizations impacted by the COVID-19 pandemic. Eligible expenses include rent/mortgage, general operating/organizational expenses, utilities, payroll, and other ancillary impacted Non-profit needs.

Please note this program is only applicable for the following tax exempt organizations:

*Charitable Organizations
Churches and Religious Organizations
Social Welfare Organizations
Business Leagues
Social and Recruiter Clubs
War Veterans Organizations*

Political organizations and private foundations are ineligible.

Please complete the application in its entirety. Incomplete applications will not be considered.

OFFICE USE ONLY:

- Received Date and Time: _____
- Received by: _____
- Method Received: _____
- Eligible Expenditure Category: _____



CITY OF LORAIN
American Rescue Plan Act
NON-PROFIT RELIEF PROGRAM

INTRODUCTION

The City of Lorain (the “City”) conducted a city-wide survey to determine the prioritization for the use of its American Rescue Plan Act (ARPA) funds. Based on these results, and the importance of Non-profit services in the City of Lorain, the City, through its Building, Housing, and Planning Department, has created the City of Lorain Non-profit Relief Fund (NRF) Program. This program intends to provide grant assistance to local Non-profit organizations assisting disproportionately impacted communities that have been affected and negatively impacted by the COVID-19 pandemic and economic fallout.

Mayor Jack Bradley intends for this program to be fair, straightforward, and easy to navigate. If you have questions regarding this program please do not hesitate to contact the Building, Housing, and Planning Department:

Hannah C. Kiraly, MNO
Program Manager of Community and Economic Development
(440) 204-2087
Hannah_Kiraly@cityoflorain.org

FUNDING AVAILABILITY & USE OF FUNDS: The City will provide grants based on financial need to assist impacted Non-profits for any or all of the following purposes: rent or mortgage payments, general operating or organizational expenses, utilities, payroll, and other ancillary impacted organization needs.

SUBMITTAL PROCESS: All completed applications and supporting documents must be submitted via email to: Josue_Soto@cityoflorain.org or Lorain City Hall 200 W Erie Ave, 5th Floor, Building, Housing, and Planning Department. Grants will be awarded on a first come, first served basis pending funding availability, and Non-profit eligibility. *Applications will not be considered until all documents have been received by the City.*

ELIGIBILITY:

NON-PROFIT ORGANIZATION: Organizations must be registered at the local, state, and federal level, and granted tax-exempt status by the Internal Revenue Service (IRS). This furthers a social cause and provides a public benefit within disproportionately impacted communities. Non-profits will be required to supply their Unique Entity Identifier (UEI), and must be located in the City of Lorain or serve individuals who reside in the City of Lorain.

Any business or organization that primarily sells tobacco products, cigarettes, electronic smoking devices, THC, or vapor products as those terms are defined in Section 2927.02 of the Ohio Revised Code, or operating as a sexually oriented business as that term is defined in Section 2907.40 of the Ohio Revised Code, are ineligible.

Incomplete applications will not be considered.

Please note this application and all related materials are subject to public records requests.



CITY OF LORAIN
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NON-PROFIT RELIEF FUND

Amount Requested: \$ _____

INDIVIDUAL INFORMATION:

Applicant Name: _____

Position Title: _____

Phone #: _____ Email: _____

ORGANIZATION INFORMATION:

Organization: _____

EIN: _____ UEI: _____

Website: _____

Organization Address: _____

Director: _____

Phone #: _____ Email: _____

*Will your organization be using a fiscal sponsor for this grant application? **Y/N**
If **YES**, please complete “**Fiscal Sponsor Information**” page.

GRANT REQUEST:

The Non-profit Relief Fund (NRF) is intended to provide grants to Non-profit organizations that have been impacted by the COVID-19 pandemic directly or indirectly. All grants must be proportional, reasonable, and related to the COVID-19 pandemic and recovery. Examples of grant requests through the NRF include mitigating financial hardship, implementing COVID-19 prevention tactics, or assisting in the economic recovery of the COVID-19 pandemic. Use this section to support your request as a result of the COVID-19 pandemic.

Economic Impact

Definition: How your Non-profit has been financially impacted by the COVID-19 pandemic.

1. Estimated adverse financial impact since March 3, 2021:
\$ _____

2. Check all the boxes that apply:
- Offset due to decrease in annual revenue
 - Increase in general operating expenses
 - Increase in administrative time
 - Retrofit/rehab of facility to serve clients through the pandemic
 - Increase of program materials
 - Increase in utility bills
 - Membership loss/decrease
 - Other

Requested Expenses

Using the table below, please list the expense(s) you are requesting to cover with this grant. To support your request, provide documentation (attach an additional sheet if needed). For example, if your organization has suffered a decrease in annual revenue from reduced fundraising events, include documentation showing cancellations of the event, loss of donations from previous events vs. current events, etc. If you are in need of general operating expenses, please indicate the type of expense and include documentation such as past utility bills. You must be able to demonstrate the negative financial impact your organization has sustained as a result of COVID-19:

Non-Profit Relief Fund Grant Request*		
Date	Use of Grant Proceeds:	\$ Amount:
		\$
		\$
		\$
		\$
		\$
Total Amount of Grant Request:		\$

**Grant funds are only permitted on expenses incurred from March 3, 2021 onwards.*

Hardship Letter

Briefly describe how this grant, if approved, will help your organization recover from the economic impacts of the COVID-19 public health emergency:

Provide a separate, typed hardship letter detailing and supporting your grant request. This should describe how your organization has experienced an adverse financial impact and how this grant, if awarded, will enable your business to recover. Please include the following elements:

- Describe the adverse financial impact
- Outline other sources of funding (approved or denied) and their use
- Detail how and when the grant funds would be utilized

***FISCAL SPONSOR FORM**

A fiscal sponsor is an organization that is tax-exempt as determined by the Internal Revenue Service, and can supply all supporting documentation showing their registration. A fiscal sponsor is utilized in the event that the applying organization or entity is not or cannot prove it's tax-exempt registration through the Internal Revenue Service (IRS). If you are a Non-profit organization interested in this program but have not been determined tax-exempt by the Internal Revenue Service, you may still be eligible for the program by utilizing a fiscal sponsor.

Please have your fiscal sponsor complete this form and provide the indicated documents below.

Fiscal Sponsor

Organization: _____

EIN: _____ UEI: _____

Website: _____

Organization Address: _____

Director: _____

Phone #: _____ Email: _____

The fiscal sponsor will need to supply the following documents:

- W-9
- Business Certificate and Organizational Documents
- IRS Filing
- UEI

CERTIFICATIONS

APPLICANT AGREES TO AND ACKNOWLEDGES THAT IN SUBMITTING THIS APPLICATION, THE CITY HAS THE RIGHT TO OBTAIN AND ACCESS LOCAL TAX RECORDS OF THE APPLICANT TO VERIFY ANY INFORMATION PROVIDED IN THIS APPLICATION.

The undersigned certifies that he/she is authorized to complete, sign, and submit this application on behalf of the applicant/owner/chairperson. Further, the undersigned certifies that the information contained in this application has been reviewed by him/her and that all information, including additional documents, are to the best of his/her knowledge, complete and accurate and presents fairly the condition of the applicant and project accurately. Intentionally falsifying information in this document constitutes a criminal offense. The undersigned understands that information submitted to the City as part of this application is considered a public record.

The undersigned understands that additional information may be required to finalize the approval process. The undersigned also understands that the submission of the application for financial assistance does not automatically constitute applicant will receive full or partial award of the requested amount.

By signing below, you certify that your organization is registered with the State of Ohio, Internal Revenue Service, and City of Lorain, unless working with a fiscal sponsor. The fiscal sponsor must be registered at local, state and federal levels. If it is not registered, the City of Lorain has the right to dismiss this application in its entirety.

By signing below, I acknowledge that I have read, understand, and agree to the policies and procedures outlined in this document. I further agree to be interviewed, photographed and/or have my organization photographed for economic development marketing purposes. If you have questions, please contact the Building, Housing, and Planning Department as detailed on page two (2) of this application.

Applicant's Signature	Print Name	Date
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Organization Signing Authority's Signature	Print Name	Date
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Signature of Fiscal Sponsor Signing Authority (If applicable)	Print Name	Date
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This page is intended for:

W-9

The most recent form can be found at:

<https://www.irs.gov/forms-pubs/about-form-w-9>

This page is intended for:

**CERTIFICATION OF
CONTRACTOR FORM**

To be completed by CONTRACTOR & CITY

**CERTIFICATION THAT
CONTRACTOR IS NOT DEBARRED,
SUSPENDED NOR EXCLUDED**

1. To be completed by CONTRACTOR

Name of Contractor: _____

Signature: _____

Printed Name: _____

Address of Contractor: _____

Is contractor listed as:	Debarred	<input type="checkbox"/> yes <input type="checkbox"/> no
	Suspended	<input type="checkbox"/> yes <input type="checkbox"/> no
	Excluded	<input type="checkbox"/> yes <input type="checkbox"/> no

If any of the categories are checked 'yes', attach Contractor's explanation and a written statement that the listing is no longer valid, or that the Contractor is able to participate in this City Contract.

2. To be completed by the CITY

Date that City checked the Federal Government's website
www.sam.gov/portal/public/SAM (System for Award Management)

Date: _____ Signature: _____

Dept: _____ Printed Name: _____

This form must be completed and placed in all city contracts.

This page is intended for:

RESIDENT BUSINESS REGISTRATION

City of Lorain Business Registration.

Form Attached.

Please send a copy to Terri Soto, City of Lorain Treasurer:

Terri_Soto@cityoflorain.org



CITY OF LORAIN INCOME TAX DEPARTMENT
 605 WEST 4TH STREET, LORAIN OH 44052
 PHONE (440) 204.1002 FAX (440) 204.1006

BUSINESS REGISTRATION FORM
Lorain City Income Tax Rate 2.5%

Company Name _____
 DBA or Trade Name: _____ SSN or Fed ID #: _____
Nine Digit Number

Contact Name: _____ Date Started or Acquired
 in Lorain: _____

Lorain Job Site
 Address: _____ Lorain Phone: _____
 _____ Lorain Fax: _____

Main Office Address: _____

E-Mail Address: _____ Phone: () _____

E-mail Address For
 Net Profit Accounts: _____ Accounting Period Used:
 Calendar Year _____ FYE Month _____

E-mail Address For
 Withholding Accounts: _____ Number of Persons Employed in Lorain: _____

OR: Payroll Service (no forms will be sent)

Type of Ownership: Corporation Partnership 1120S Individual Non-Profit
 Other: _____

Complete The Following Information For All Partners, Officers And/or Associates:

Name: _____ SS#: _____
 Address: _____

Name: _____ SS#: _____
 Address: _____

If The Lorain Location Is Rented Or Leased, Please Provide Name, Address & Phone Of Rental Owner:

Name: _____ Phone: _____
 Address: _____

Signature

Print Name

Date

This page is intended for:

BUSINESS CERTIFICATE & ORGANIZATIONAL DOCUMENTS

A certificate that shows the organization is registered with the Ohio Secretary of State (SOS) to do business in the State of Ohio. Churches must be able to demonstrate their filing with a parent organization.

This can be obtained at: <https://businesssearch.ohiosos.gov/>

This page is intended for:

IRS FILING

This is a letter from the IRS that determines the organization's tax exemption status and assigns an EIN.
Please provide a copy of this letter to verify the organization's EIN.

Information can be found here:

<https://www.irs.gov/businesses/small-businesses-self-employed/employer-id-numbers>

This page is intended for:

UNIQUE ENTITY IDENTIFIER (UEI)

The UEI is a 12-character alphanumeric ID assigned to an entity by SAM.gov that has replaced the DUNS number. The UEI is required by and used across the federal government to identify, validate, and verify contractors and organizations.

You will need a SAM.gov account to register. This can be obtained here:

<https://sam.gov/content/home>

This page is intended for:

DOCUMENTATION SHOWING NEGATIVE ECONOMIC IMPACT

This will require:

- Copy of 990 for FY 2021
- Statement of financial position

This page is intended for:

DOCUMENTATION DETAILING GRANT REQUEST

This can include, but is not limited to:

- Budget(s)
- Quotes or Invoices
- Lease Agreement
- Mortgage Statements
 - Utility Bills
- Denial Letter for Loan or Grant (*including a copy of the application*)
 - Event Cancellation Expenses