



# Miami County CARES!



## CARES Grant for Miami County Eligible Nonprofit Organizations

### Application Requirements

The Miami County Commissioners, through the Miami County Department of Development, will be distributing financial assistance to aid eligible nonprofit organizations in Miami County with relief from the COVID-19 crisis. Eligible nonprofit organizations can apply for up to \$10,000 to use for rent/mortgage, non-municipal utilities, business insurance, and COVID-19 related expenses (e.g. masks, hand sanitizer, gloves, plexiglass, partitions, etc.).

**Note: These funds will be awarded on a first come first served basis until the funds are depleted.**

The intent of this grant is to aid nonprofit organizations serving Miami County residents (primarily) who were negatively affected by COVID-19 and that have not received other assistance. This grant is aimed toward nonprofit organizations that were interrupted by closures, whether required or voluntary, in order to aid in social distancing, or that were otherwise impacted during the pandemic. This grant may provide reimbursement of nonprofit program expenses that were allocated to assist COVID-19 impacts on eligible small businesses.

### **ELIGIBILITY CRITERIA**

- Funds must be for a non-profit 501(c)(3), 501(c)(4), 501(c)(5) or 501(c)(6) organization located in Miami County that primarily serves Miami County residents.
- Must not have already received any federal or other assistance for the items being claimed on this application.
- Organization must be able to provide financial records to support the grant request and program validation.
- Must be able to reconcile, monitor, and report the use of federal funds.
- Must be able to track and report the number of clients served.
- The program will consider reimbursements of expenses, incurred or anticipated, that were and are necessary to provide services to aid individuals affected by COVID-19 between March 23 and as projected through December 31, 2020.
- Documentation will be required to show a relationship between the proposed expenses and the COVID-19 pandemic.

### **ELIGIBLE EXPENSES**

- Mortgage costs: Mortgage costs for organizations that are located in or operated out of a personal residence are not an eligible expense.
- Rent or lease costs: Rent or lease costs for organizations that are located in or operated out of a personal residence are not an eligible expense.
- Expenses for non-municipal utilities, such as electric, gas, sewer, water, trash removal. Utility costs for organizations that are located in or operated out of personal residence are not an eligible expense. Salaries, wages or compensation paid to employees or 1099 workers.
- Materials and supplies related to interruption of the business caused by required closures.
- Personal Protective Equipment or other COVID-19 related costs such as expenses related to compliance with Responsible Restart Ohio.
- Costs associated with administering programs required by or in response to COVID-19.

**NOTE:** Grant funds can be used to reimburse eligible expenses incurred from March 23, 2020 through the date of formal application and as projected through December 31, 2020. Documentation shall be in the form of paid invoices and canceled checks, bank statements, or similar showing payment of eligible expenses. If the organization cannot properly substantiate its eligible expenses, the potential grant amount will be reduced by the amount not properly substantiated.

## **INELIGIBLE EXPENSES**

- Cost of vehicles or equipment leased or purchased after March 23, 2020, except if the purchase of equipment is to comply with Responsible RestartOhio
- Personal, non-business expenses of the organization's administrator(s)
- Construction costs
- Any tax, license, or fee obligations payable to any governmental entity

## **APPLICATION SUBMISSION PROCESS**

- Applications will be accepted beginning September 8, 2020. The first round of application review will begin on September 18. If more funds are requested than allotted, the highest amount of eligible reimbursement will receive highest priority. The application period will close on October 31, 2020, or when the funds are depleted, whichever comes first.
- Completed application and required supporting documentation shall be submitted to:

**Jill Meyer--[jmeyer@miamicountyohio.gov](mailto:jmeyer@miamicountyohio.gov)  
Miami County Department of Development  
510 W. Water St., Suite 120  
Troy, OH 45373  
937 440-8144**

## **REQUIRED ORGANIZATIONAL DOCUMENTATION**

- Copy of current Ohio Secretary of State certificate of good standing
- 2018 tax form 990 return of organization exempt from income tax
- List of current board members
- Form W-3 transmittal of wage and tax statements (if applicable)
- Form 1096 annual summary and transmittal of U.S. information returns (if applicable)
- Proof of reimbursable expenditures (receipts, invoices, etc.)
- Projected budget expenditures for operations from date of formal application through December 31, 2020

## **FINAL DECISION AND NOTIFICATION**

- Applications will be reviewed by the Miami County Department of Development.
- Approved applicants will complete a grant agreement within ten (10) days of notification of an approved grant. No release of funds before an approved and signed agreement is in place.
- All grant funds will be distributed via checks made out in the organization's legal name

**For additional information regarding the CARES Grant for Miami County Nonprofit Organizations, contact:**

**Miami County Department of Development  
510 W. Water St., Suite 120  
Troy, Ohio 45373  
(937) 440-8144  
[jmeyer@miamicountyohio.gov](mailto:jmeyer@miamicountyohio.gov)**



# CARES Grant Application for Miami County Nonprofits



**\* Required**

Organization Name \*

Contact Person Name and Title \*

Organization Street Address (No PO Box) \*

Address Line 2

City \*

State \*

Zip Code \*

Contact Person Phone Number \*

Contact Person Email Address \*

Preferred method of communication \*

Email

Phone

Year Organization Was Founded \*

Number of full-time staff as of March 15<sup>th</sup>, 2020 \*

Average monthly expenses prior to the COVID-19 pandemic. \*

Organization Type: \*

- 501(c)(3)
- 501(c)(4)
- 501(c)(5)
- 501(c)(6)

Please provide a brief description of your Program Services: \*

Program Type(s): \*

- Nutrition
- Technology
- PPE
- Other

Federal Tax ID – 9-digit number \*

DUNS – 6-digit number

NAICS - 6-digit number



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## Other Sources of COVID-19 Pandemic Relief:

Has your nonprofit requested funding, including grants and loans of any kind, from other sources (e.g. SBA loans, the Paycheck Protection Program, local jurisdiction grants or loans, etc.) since March 1, 2020 relating to financial hardship resulting from COVID-19? \*

Yes

No

If "yes," please list all other funding sources applied to, the corresponding amounts, and the status of those applications.

## Grant Use, Allowable Program Expenses (Nutrition, Technology, PPE Supplies, Rent/Mortgage, and Non-Municipal Utilities Only):

Please summarize your current situation and how the COVID-19 crisis has impacted your organization (e.g. impact to revenue, laying off employees, closures, etc.) \*



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Please list your allowable ACTUAL fixed recurring operational expenses (e.g. rent or commercial mortgage, insurance, non-municipal utilities, only) from March 01, 2020 and as projected thru December 31, 2020 \*

Please list your eligible COVID-19 related program expenses (e.g. nutrition, technology, personal protective equipment, and other) from March 01, 2020, and as projected thru December 31, 2020. Provide receipts \*



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## Disclosures:

Is the organization delinquent on any federal, state, or local taxes or assessments; direct or guaranteed loans, leases, contracts, grants; child support payments; or any other obligations? \*

Yes

No

If "yes," please explain.

Does the organization, business, or a listed owner have any outstanding judgements, tax liens, pending bankruptcy proceedings, pending lawsuits against them, or criminal proceedings? \*

Yes

No

If "yes," please explain.

Does any owner, owner's spouse, or household member work for or serve in an official capacity for Miami County or a Miami County Municipality? \*

Yes

No

If "yes," please explain.



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. List of reimbursable expenditures. Provide documentation (receipts / invoices): \*

	<b>Expenditures *</b>
Mortgage / Rent	
Non-Municipal Electricity	
Gas	
Non-Municipal Water	
Program--Nutrition	
Program--Technology	
Program--PPE Supplies	
Other	
<b>Totals *</b>	



# CARES Grant Application for Miami County Nonprofits



## Disclaimer:

Application for the Miami County CARES Grant for Nonprofits DOES NOT GUARANTEE award of funding. The total amount awarded will be based on funds available. It is the sole responsibility of the Applicant to determine or to seek independent advice to determine the tax implications to the Applicant and its Owners. Please confirm your understanding of these disclaimers by initialing the box. \*

## Certification:

By typing your full name in the space below, you are certifying the all of the information provided in this application is true and accurate. You are also agreeing to assist in the verification of information provided in this application and to provide additional information, if requested. \*