

Town of Sylva Non-Profit Grant Relief Program

September 28, 2020

To mitigate the impact of COVID-19 on Town of Sylva nonprofits and their employees, and residents, Town of Sylva is providing emergency financial support through the Town's Nonprofit Assistance Grant Program that is targeted at qualified nonprofit agencies that are negatively impacted by the COVID-19 pandemic due to Stay at Home Orders and to meet the needs in the community not addressed by other sources. The program will provide one-time grants of up to \$5,000 to help offset the significant, temporary service impacts of nonprofits during this pandemic.

The Town has initially identified up to \$20,000 in emergency relief funds to supply the nonprofit agencies that assist residents in our community who have been hardest hit by the pandemic, specifically local nonprofits with a location in the Town. The source of funding for this grant program is the Town of Sylva General Fund.

The objective of this program is to offer immediate financial assistance to nonprofit agencies in Town of Sylva to aid in maintaining their business, workforce, and clients. The application will be available on Thursday, October 1, 2020 3:00 PM. Awards will be made on a first come, first served basis. Incomplete applications will not be reviewed. To expedite issuance of funds applications will only be received using the online tool below.

Program Overview

- To support non-profit agencies in their outreach efforts to cover expenditures incurred due to the public health emergency with respect to Coronavirus Disease 2019 (COVID-19), which were not previously budgeted, and were (or will be) incurred between March 1, 2020 and December 30, 2020).
- To provide necessary emergency financial assistance to non-profits directly impacted by a loss of income or increase in the demand for services due to the COVID-19 public health emergency.
- Grants of up to \$5,000 for approved programs through a competitive grant review process.

Eligibility Requirements

- The organization is a 501(c)3, 501(c)4, or 501(c)6 organization in good standing with the North Carolina Secretary of State.
- The proposed program will benefit individuals living within the borders of the Town of Sylva, North Carolina.
- The organization is engaged in activities that are legal under the law.
- The organization can meet the program technical requirements including the ability to provide financial records to support the grant request and program validation. Technical requirements are providing a copy of your IRS Tax Exemption Determination letter and a budget for the use of the requested grant funds.

How to apply

- a. Review the process detailed in the *Nonprofit Assistance Grant Program Overview*.
- b. View the checklist for the grant process.
- c. Grant applications must be completed and filed electronically.
- d. Provide copy of your IRS Tax Exemption Determination Letter and a proposed budget (See sample budget form) for the use of the requested funds. If you do not have a copy of your IRS Tax Exemption Letter, please upload a copy of your most recently filed IRS Form 990, or the Copy of the Charitable Solicitation License that can be found at the NC Secretary of State website at: [NC Secretary of State Charities](#)
- e. Submit application to the attention of Michael Morgan at townmanager@townofsylva.org.

Town of Sylva Non-Profit Organization Grant Application

Eligibility Checklist

- 1. The organization is a 501(c)3, 501(c)4 or 501(c)6 organization in good standing with the North Carolina Secretary of State.
- 2. The program will **benefit individuals living within the municipal limits** of the Town of Sylva.
- 3. The organization is engaged in activities that are legal under the law.
- 4. The organization can meet the program technical requirements including the ability to provide financial records to supply the grant request and program validation.

Name of the Organization: _____

Business Address: _____

TaxID: _____

Contact Person Name and Title: _____

Contact Person E-Mail: _____

Contact Person Phone: _____

In three to four sentences, please describe your organization:

Organization Type: 501(c)3 501(c)4 501(c)6

Please mark what type of program you are proposing:

Food Insecurities Public Health Measures Medical Access Supplies

Emergency Needs Other COVID-19 Expenses

Proposed Number of Individuals Served by the Grant: _____

Amount Requested: _____

Please provide a full description of the services for which you are seeking funding and how you will implement the services (up to one page).

What specific outcomes will be achieved by the grant:

By my signature below, I have read and understand the Town of Sylva Non-Profit Grant Program. I make the following representations and acknowledge agreement to the following terms and conditions:

- Upon approval of this application, as evidenced by the signature of the Town Manager below, this application becomes a binding contract between the entity named above and the Town of Sylva.
- I am the duly authorized representative of the entity named above and can bind the entity to the terms of this agreement.
- If funds are provided by the Town, the funds will be used for the purpose set forth above.
- In no event shall the Town's financial responsibility exceed the approved amount, set forth below
- There is no agency, employment, joint venture or other such relationship created by virtue of award of the grant. The Town does not endorse the specific organization.
- Applicant shall defend and indemnify the Town and its employees from and against any claim, injury, liability, loss, cost and /or expense or damage including all cost and reasonable attorney's fee, arising from or alleged to arise from the activity or event.
- The representations made by the applicant in this application are material terms of the agreement, as is compliance with the Grant Program. The Town may cancel this agreement at any time upon discovery that any of the information set forth above is inaccurate, that these terms have been violated, or any provision of the Grant Program has been violated.
- The Town is authorized to make all the inquiries you deem necessary to verify the accuracy of the information contained herein. Additionally, applicant agrees that in the event money is provided pursuant to this application, the Town or its agent shall be entitled to access and audit such records as may be necessary to prevent fraud in this process or ensure compliance with State requirements. Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true. I understand that knowingly making false written declarations may be charged as a felony of the third degree.

Applicant Signature: _____ Date: _____

Applicant Name: _____ Title: _____

Approval: Yes _____ No _____

Town Manager Signature _____ Date: _____

Pre-audit Certification

Provisions for the payment of moneys to fall due under this agreement (within the current fiscal year) has been made by appropriation duly authorized, or binding grants or loans or grants or loan commitments duly made, as required by the Local Government Budget and Fiscal Control Act.

Town Finance Officer _____ Date _____

TOWN OF SYLVA NON-PROFIT RELIEF

Agency Name	
Program Name	

TOTAL PROGRAM BUDGET

SUPPORT & REVENUE	
Contributions	
Participant Fees	
Grants (please list)	
Town of Sylva Relief Funds	
Other Sources (please list)	
TOTAL REVENUE	
PROGRAM EXPENSES	
Professional Fees	
Program Supplies	
Program Food	
Telecommunications	
Facility	
Equipment Maintenance/Rental	
Printing & Publications	
Staff Travel/Mileage	
Staff Development/Training	
Direct Client Assistance	
Other	
Other	
Other	
TOTAL EXPENSES	

Note: Please report all expenses and revenues for the PROGRAM only. All information must be consistent with details presented in the Application Form.
