

## Glenn County Non-Profit Stabilization Grant Program Application

Date:
Full Legal Organization Name:
Employer Identification Number/State Assigned ID (please indicate):
Contact Name:
Tax Exempt Status:
Physical Address:
City, State, and Zip Code:
Mailing Address (if different. Payment will be mailed to this address):
City, State, and Zip Code:
Phone:
Email:
Types of Services your organization provides:
Total Requested Grant Amount (max of \$15,000):
Please provide a detailed description of how your organization plans to utilize these funds. All funds requested must reflect costs associated with the impacts of organization closures, the costs associated with adherence to local requirements for safe reopenings and financial impacts due to the COVID-19 pandemic (decreased revenues, increased costs, challenges covering payroll, rent or other operating costs). Separate sheet may be provided.

Does your organization serve Glenn County Residents?		
Has your organization received any other COVID-19 related funding? If so, which programs:		
Certifica	ations:	
√ I (	hereby certify that my organization follows all federal and state applicable laws hereby certify that all of the information submitted in this application is true and correct and is subject to audit by the County of Glenn and its third-party auditors false information provided will be subject to repayment of any grant funding awards).	
√   a	hereby certify that I am an authorized representative of the entity, with the authority to apply for the Glenn County Non-Profit Stabilization Grant Program. hereby certify that my organization is and will continue to remain in compliance	
√   √	with federal, state, and local health orders.  hereby certify that no duplicate funds have been applied for or awarded.  acknowledge that once grants are awarded and grantees are notified, all funding decisions are final.	
١	Name: Title:	

Date: \_\_\_\_\_

Signature:

## REQUIRED DOCUMENTATION TO SUBMIT WITH YOUR APPLICATION

Completed and signed Glenn County Non-Profit Business Stabilization Grant
Program Application
Financial Statements (profit and loss, receipts for COVID-19 related expenditures
can also be supplied)
Project Budget indicating how funds will be spent
Most recently filed IRS Form 990
A completed W-9
Proof of IRS Federal tax-exempt status, 501(c)(3) or 501(c)(19)

Please be advised that additional documentation may be requested during the evaluation process.

If you have questions regarding this application, please call (530) 934-6540 or email planning@countyofglenn.net.

## PLEASE SUBMIT COMPLETED APPLICATION PACKETS TO

## County of Glenn Planning & Community Development Services Agency

225 North Tehama Street, Willows, CA, 95988 Ph: (530) 934-6540 ~ Fx: (530) 934-6103 planning@countyofglenn.net

Grant Applications will be accepted from December 1, 2023 – February 29, 2024