



Franklin Forward Non-Profit Recovery Grant Application

Applicants: Please make sure you have all the information needed to fill out the Franklin Forward application and that you have reviewed the **program eligibility guidelines**. Please note that receipts and supporting documentation for requested reimbursements must be included with the application to be considered for funding. Failure to provide this information will result in your application being denied. Completed applications must be emailed to npurdy@wellspan.org by October 2, 2020.

Organization Information

Applicant Organization's Name:

Employer Identification Number (EIN):

Please check type of non-profit: 501 c 3 501 c 19

DUNS Number:

A registered DUNS number must be provided and will be required in order to successfully submit an application. DUNS numbers are unique for each physical location you are registering. If you do not have one, request a DUNS number for free to do business with the U.S. Federal government by visiting Dun & Bradstreet (D&B) at <https://fedgov.dnb.com/webform>. It takes no more than 1-2 business days to obtain a DUNS number.

Applicant Services (*please select the service types that most closely represent the majority of applicant activities; check all that apply*):

- | | |
|--|---|
| <input type="checkbox"/> food security | <input type="checkbox"/> childcare |
| <input type="checkbox"/> housing assistance | <input type="checkbox"/> education (early childhood) |
| <input type="checkbox"/> mental health | <input type="checkbox"/> education (secondary) |
| <input type="checkbox"/> behavioral health | <input type="checkbox"/> education (post-secondary) |
| <input type="checkbox"/> employment and training | <input type="checkbox"/> arts and culture |
| <input type="checkbox"/> youth | <input type="checkbox"/> social justice |
| <input type="checkbox"/> healthcare | <input type="checkbox"/> economic development |
| <input type="checkbox"/> healthy living | <input type="checkbox"/> social services |
| <input type="checkbox"/> rapid reemployment | <input type="checkbox"/> other (please specify) _____ |

Applicant Contact Information

Contact Person Name:

Contact Person Title:

Business Address:

Email:

Phone Number:

Is your organization appropriately licensed and operating in the County?

Does your organization operate from a location in the County?

Is your organizations headquarters in the County?

List all addresses where your organization operates in the County.

Evaluation Criteria

Use of Funds

Provide a description of how the applicant will use program funding to offset necessary expenditures due to the COVID-19 public health emergency in serving residents of Franklin County or other Act 24 approved uses. *Eligible activities must have occurred from March 1, 2020 – December 30, 2020.*

Community Benefit

Describe how this funding would allow the organization to support the community in recovering from the social, economic, and health impacts of the COVID-19 public health emergency in Franklin County.

Budget

Please use the table below to develop a budget for this application. Each eligible use should have a separate budget line item. *Add or delete rows as necessary.*

Expenses (Eligible uses)	Description of Eligible Uses (include quantities & price per item)	Amount	Incurred to Date
Total Funding Requested			

Amount of funding requested above that was already expended (please provide supporting documentation such as receipts with application):

Other Funding Sources

Please list any other funding the applicant has applied for or received related to the COVID-19 public health emergency (such as the SBA Payroll Protection Program, other SBA Disaster/Emergency Funds). (Receipt of such funds will not disqualify applicants, but first priority is given to applicants that did not receive such funds.) Skip this section if you do not have any other COVID-19 related funding sources.

Other Funding Applied For (add additional grantors as needed)

Grantor:

Purpose:

Amount of Funding Approved:

Amount of Funding Applied for and Decision Pending:

Grantor:

Purpose:

Amount of Funding Approved:

Amount of Funding Applied for and Decision Pending:

Funding Applied for and Unsuccessful:

Briefly describe your experience administering federal funding:

Identify the primary staff responsible for the proposed project and briefly describe their relevant experience:

Please Attach the Following Financial/Organizational Information

- Most recent IRS Form 990
- Retrofit receipts or estimates
- Corresponding receipts/statements for purchases/bills (when relevant)
- Articles of Incorporation

Applications cannot be considered without this information.

The final award of funding will be contingent upon the applicant supplying all required documentation.

After submission, applications will initially be reviewed to ensure eligibility with CARES regulations. Applications will then be examined by a grant review team and funding recommendations will be made to the Franklin Forward Task Force. Upon approval of the recommendations by the Franklin Forward Task Force, funding recommendations will be submitted to the County Commissioners for approval. Once approved, contract agreements will be issued by Franklin County along with reimbursement requirements.

Please Note*

The acceptance of CARES Act grant funds may have tax implications. You are strongly encouraged to contact your accountant or financial advisor prior to receipt of funds to seek guidance. The County cannot provide advice on how the recipient should account for grant funds.

Acknowledgements

I acknowledge that I have read the Franklin Forward County COVID-19 County Relief Block Grant Program informational materials and hereby certify the following:

- All information and statements contained in this application, and all documents and exhibits submitted with this application, to the best of the applicant's knowledge are true, accurate, complete and not misleading, as of this application.

- Applicant will report any changes to the scope of work or proposed activities including expenses, etc.
- Upon request, Applicant will submit additional information and documentation in support of this application. Any further information or documentation submitted by Applicant in connection with this application shall also be subject to these acknowledgements.
- The expenses enumerated in this grant application occurred or will occur between March 1, 2020 and December 30, 2020.
- The proposed use of funds included in this application represents an eligible use as identified in Section 5001 of the CARES Act and Pennsylvania Act 24 of 2020. The Application is based on the Applicant's reasonable estimate and all funds will be utilized by the Applicant solely for operations in Franklin County and all funds received from this program by Applicant shall be used for such purposes.
- The expenditures outlined in this application have not been reimbursed and are not eligible for reimbursement from another federal program.
- The Applicant has fully complied with, and will fully comply with, all federal, state, and local laws and regulations applicable to this grant and Applicant's business, assets and/or operations, and the Applicant is not currently under investigation with respect to any violation of, or failure to comply with, any such applicable law or regulation. No funds will be used for any purpose or in any manner that violates federal, state, or local laws or regulations.
- The Applicant will adhere to U.S. Treasury CARES Act compliance requirements, including but not limited to, 2 C.F.R. (Congressional Federal Register) subpart F, Audit Requirements, U.S. OMB Uniform Guidance (2 C.F.R. Part 200) applicable to federal financial assistance, including 2 C.F.R. § 200.303 regarding internal controls, 2 C.F.R. § 200.330 through 200.332 regarding subrecipient monitoring and management, and Subpart F regarding audit requirements (as may be applicable).
- If successful, program funding will be expended by December 30, 2020.
- AVAILABLE FUNDS ARE LIMITED AND A SIGNIFICANT NUMBER OF APPLICATIONS ARE ANTICIPATED. Applicant recognizes that there is no assurance that Applicant will be awarded any grant of any size, regardless of how well the Applicant may meet the criteria for awarding these grants and regardless of what the Applicant may have been told or read with respect to this grant program.
- All decisions and recommendations with respect to this application and this grant are final and non-appealable. Applicant acknowledges that grant award determinations will be made based on both objective and subjective analysis of information available and that award determinations need not follow strictly or consistently the scoring methods utilized. The Applicant also acknowledges that the identity of funding and recipients, award amounts, and application scores and recommendations will become public information.
- As a condition of Applicant's submission of the application and receipt of any Benefits made available under the Program, the Applicant hereby releases the County of Franklin, Pennsylvania, WellSpan Health, their respective partners, designees and

affiliates in facilitating and administering this benefit program and their respective elected officials, Boards of Directors, officers, employees, representatives, volunteers and committees of and from any claims and/or causes of action of any kind or type arising from or out of (a) their receipt and review of the application, (b) the administration of the Program and/or distribution or delivery of the Benefits available under the Program, (c) the Benefits received by the Applicant, and (d) any other matter or thing related to the Program.

Signature: _____

Title: _____

Date: _____