



City of Clarkston

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COVID-19 Non-Profit Grant Program

TO: All 501(c)3, 4, 6 Non-Profit Entities Serving within the City Limits of Clarkston, WA

FROM: Monika Lawrence, Mayor

DATE: September 30, 2020

DUE DATE: October 9, 2020

BACKGROUND:

On September 28, 2020, at the Mayor's request, the Clarkston City Council approved allocation and distribution of up to \$50,000 for the purposes of assisting members of our community in need through Non-Profit organizations that serve our community.

The application period will be open, beginning September 30, 2020 with a closing date of October 9, 2020. Distribution of funds will occur upon approval of the Mayor and contract execution.

PROGRAM OVERVIEW:

Special COVID-19 Non-Profit Grant Program has been authorized by the Clarkston City Council to address community impacts caused by the coronavirus pandemic for the following services:

Assistance with basic needs such as food, supplies, medical access and assistance services.

Non-Profits will need to verify services funded are used to serve residents within Clarkston City Limits and provide a written report to the City within **30 days** of expending funds received under this Grant Program.

TOTAL FUNDING AVAILABLE:

The Clarkston City Council authorized up to \$50,000 for this grant funding, \$5,000 per grant.

PROCEDURES:

The following procedures shall apply to the Special COVID-19 Human Services Grant Program:

Internal Revenue Service registered **501(c)3, 4, 6** non-profit agencies or entities registered with the State of Washington as a non-profit organization for Washington business license purposes, provide the services listed with the attached application, demonstrate how funds will be used and the mechanism used to ensure Clarkston residents are the recipients of said services.

Proof of non-profit status, either IRS letter of determination or State of Washington Registration are required.

After reviewing the applications, an interview of applicants may be needed. Upon selection, successful agencies must enter into contracts with the City prior to the distribution of funds. Any agency which receives funding under this program shall provide a **mandatory** report to the City containing information on the manner the funds were spent and the number of City of Clarkston residents served by **category**. Such report shall be provided to the City within **thirty (30) days** of expending the funds.



TREE CITY USA.



INTRODUCTION

The City of Clarkston in order to mitigate the impact of COVID-19 to individuals living within the City limits has initially identified and committed **\$50,000** to provide support to Non-Profit organizations providing services to those impacted by COVID-19.

The objective of this program is to offer immediate financial assistance to Non-Profit organizations who provide basic needs such as food, supplies, medical access, and other services.

OVERVIEW

- To support non-profit agencies in their outreach efforts to cover expenditures incurred due to the public health emergency with respect to COVID-19 that were not previously budgeted, and were, or will be, incurred between **March 1, 2020** and **November 30, 2020**.
- To provide necessary emergency financial assistance to individuals and families directly impacted by a loss of income due to the COVID-19 public health emergency.
- Grants of **\$5,000** for approved programs through a competitive grant review process managed by the City of Clarkston

ELIGIBILITY CHECKLIST

Carefully review the eligibility requirements below before submitting this application. You are agreeing to meet ALL the eligibility requirements below.

- The organization is a 501(c)3, 501(c)4, or 501(c)6 organization in good standing with Washington State.
- The proposed program will benefit individuals living within the borders of the City of Clarkston.
- The organization is physically able to provide services to City of Clarkston residents.
- The organization is engaged in activities that are legal under the law.
- The organization can meet the program's technical requirements including the ability to provide financial records to support the grant request and program validation.



City of Clarkston

**CITY OF CLARKSTON
NON-PROFIT ORGANIZATION
GRANT APPLICATION**

TO BE COMPLETED BY APPLICANT

Name of Organization: _____

Business address: _____

Tax ID: _____

Contact Person Name and Title: _____

Contact Person E-mail: _____

Contact Person Phone: _____

In a few sentences, please describe your organization:

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

Please mark which type of program you are proposing:

Food insecurities Public Health Measures Medical Access Services Other



City of Clarkston

**CITY OF CLARKSTON
NON-PROFIT ORGANIZATION
GRANT APPLICATION**

PROGRAM OVERVIEW - DESCRIPTION OF HOW GRANT FUNDS WILL BE USED

Please provide a full description of the services for which you are seeking funding and how you will implement the services (up to 1 page).

Proposed number of individuals to be served: _____

Proposed service area: _____

Please provide the eligibility criteria used to assist clients:

What specific outcomes will be achieved by the Grant:



GRANT APPLICATION TERMS

By my signature below, I have read and understand the City of Clarkston CARES Non-Profit Organization Grant Application. 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 Mayor below, this application becomes a binding contract between the entity named above and the City of Clarkston (Agreement).
- 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 City of Clarkston, the funds will be used for the purposes set forth above.
- In no event shall the City of Clarkston financial responsibility exceed the approved amount, set forth below.
- I bear full responsibility for any and all tax consequences of receiving grant funds including.
- There is no agency, employment, joint venture or other such relationship created by virtue of award of the grant. The City of Clarkston does not endorse the specific organization.
- Applicant shall defend and indemnify the City of Clarkston and its employees from and against any claim, injury, liability, loss cost, arising from or alleged to arise from the activity or event.
- The representations made by applicant in the Application are material terms of the Agreement, as is compliance with the Grant Program. The City of Clarkston 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 City of Clarkston 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 City of Clarkston or its agents shall be entitled to access and audit such records as may be necessary to prevent fraud in this process or ensure compliance with Federal requirements.
- I hereby agree and represent to that the funds received will be used solely to cover expenses incurred due to the public health emergency with respect to COVID-19 that were not previously budgeted, and were, or will be, incurred between March 1, 2020 and November 30, 2020.

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 declaration may be charged as a felony of the third degree.

Applicant Signature: _____ **Title:** _____

Print name: _____ **Date:** _____

Applicant Signature: _____ **Title:** _____

Print name: _____ **Date:** _____