NONPROFIT COMMUNITY RECOVERY (NCR) GRANTS

Application overview
ArtsFund has partnered with the Washington State Department of Commerce to administer Nonprofit Community Recovery (NCR) grants to eligible organizations. ArtsFund will use responses to process the applications, and in aggregate form for advocacy and research efforts.

If you have any questions regarding the content of this application, please contact: NCRgrants@artsfund.org

PROFILE

Eligibility:
1. Does your organization have 501(c)(3) status or fiscal sponsorship by a 501 (c)(3)?
   • Y/N
2. Has your organization had 501(c)(3) status and/or fiscal sponsorship by a 501 (c)(3) since FY2019?
   • Y/N
3. Does your organization have a 2019 annual operating budget greater than $25,000?
   • Y/N
4a. Does your organization operate in one or more of the following focus areas? Please select your primary focus area:
   • Arts, Culture, Science, and Heritage Organizations
   • Neighborhood Associations
   • Sports and Recreation Organizations
   • Veterans Organizations
   • None of the above
   4b. Please select your secondary focus area (optional):
   • Arts, Culture, Science, and Heritage Organizations
   • Neighborhood Associations
   • Sports and Recreation Organizations
   • Veterans Organizations

General Information:
• Name of organization:
• Name of fiscal-sponsored 501 (c)(3) organization (if applicable):
• Date organization established:
• Fiscal year end (MM/DD):
• Most recently completed fiscal year:
• Organization mailing address:
   • City, State, Zip, County:
• EIN:
• Website:
• Mission statement:
• Please upload a PDF file of your organization's most recent Form 990, 990EZ, or 990N.
  o Please select the year of the uploaded file:
    o FY 2020
    o FY 2019
    o FY 2018

Contact Information

• Primary contact
  o Name:
  o Title:
  o Contact phone:
  o Contact email:
• Secondary contact
  o Name:
  o Title:
  o Contact phone:
  o Contact email:

APPLICATION

Financial Information:

Please fill out the table below with your organizational information to the best of your ability:

<table>
<thead>
<tr>
<th></th>
<th>FY2019</th>
<th>FY2020</th>
<th>FY2021 (Budgeted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Operating Expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Earned Revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Contributed Revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Personnel Expenses</td>
<td></td>
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</tr>
</tbody>
</table>

COVID-19 Impact:

1. Over the **past 12 months**, COVID-19 and resulting public health mandates has negatively affected my organization’s ability to deliver its mission:
   • strongly disagree, disagree, agree, strongly agree
2. Over the **next 12 months**, our organization expects a significant (>30%) reduction in earned revenue due to public behavior related to COVID-19.
3. COVID-19 affects have permanently shifted the ways in which our organization plans to deliver its programming and services.
   • strongly disagree, disagree, agree, strongly agree

Diversity, Equity, and Inclusion:

1. Over the past 12 months, our organization has conducted programming specifically designed to provide Black, Indigenous, and People of Color (BIPOC) communities.
   • strongly disagree, disagree, agree, strongly agree
2. Over the past 12 months, our organization has conducted programming specifically designed to provide services or programming to people with disabilities.
   • strongly disagree, disagree, agree, strongly agree
3. Over the past 12 months, our organization has conducted programming specifically designed to provide services or programming to who identify as LGBTQ+.
   • strongly disagree, disagree, agree, strongly agree

Use of Funding:

1. What expense categories will the awarded funds cover? Funds must cover expenses incurred March 1, 2020 and June 30, 2021. Please rank your top categories, with 1 being the highest priority.
   • Salaries
   • Programming
   • Rents / Mortgage
   • Personal Protective Equipment (PPE)
   • Reopening / awareness communications
   • Other
     • “if Other, please describe (25 words or less)"

2. What is your organizations’ requested amount of funding?
   • $2500 - $4999
   • $5000 - $7499
   • $7500 - $9,999
   • $10,000 - $12,499
   • $12,500 - $14,999
   • $15,000 - $17,499
   • $17,500 - $19,999
   • $20,000 - $22,499
   • $22,500 - $25,000

3. If awarded, can you attest that funding will be used to cover expenses incurred between March 1, 2020, and June 30, 2021, due to financial hardship caused by the COVID-19 pandemic and that this funding will be used for expenses not covered by other COVID-19 related public funding sources including Paycheck Protection Program funds?
   • Y / N
4. If awarded, can you attest to all of the following: that no person receiving services and/or assistance that is funded with these monies will be required to participate in any religious workshop, exercise, or instruction as a condition of receiving assistance? Can you attest that these funds will not be used to fund religious workshop, exercise, or instruction and that these funds will not be used for ineligible expenses under the federal CARES Act which include: personal non-business expenses (i.e., home mortgage, personal utilities); payment of state or Federal taxes; and lobbying expenses/activities?
   - Y / N

**Narrative:**

Please explain in **75 words or less** how this funding would positively affect your organization’s ability to carry out its mission and to serve your designated communities.

- ____________________________

**DEMOGRAPHIC SURVEY**

Please provide the **number of people** for each group.

<table>
<thead>
<tr>
<th>Asian/Asian American/Asian diasporic</th>
<th># of STAFF who identify in group</th>
<th># of BOARD MEMBERS who identify in group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black/African American/African diasporic</td>
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<tr>
<td>Hispanic/Latino/a/x diasporic</td>
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<tr>
<td>Middle Eastern/North African diasporic</td>
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<tr>
<td>Native/Alaskan Native/Indigenous</td>
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<td></td>
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<tr>
<td>Pasifika/Native Hawaiian/Pacific Islander</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some other race alone</td>
<td></td>
<td></td>
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<tr>
<td>Two or more races</td>
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</tbody>
</table>

For clarification on what to include in the staff and board demographic survey, refer to FAQ 21 and FAQ 2.
<table>
<thead>
<tr>
<th>White/European</th>
<th></th>
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<tbody>
<tr>
<td>Do not know/prefer not to answer/not applicable</td>
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