



Miami County Nonprofit COVID-19 Recovery Grant Program



As a result of the COVID-19 pandemic, Miami County recognizes nonprofit organizations have been significantly impacted by decreased revenue, increased costs, and uncompensated increases in service needs. To support Miami County's nonprofit community, the County has created this Nonprofit COVID-19 Recovery Grant Program to help offset economic losses caused by the pandemic. This program will provide grants to reimburse eligible organizations who can demonstrate a negative economic impact caused by COVID-19 for related expenses, which are defined in the following document along additional program guidelines.

Important note: only expenses incurred on or after March 3, 2021 are eligible.

Eligible nonprofit organizations may apply for a one-time grant of up to \$10,000 to reimburse for eligible expenses. Award determinations will be based on availability of funds as well as the applicant's submitted receipts, mortgage or rent records, and other documentation indicating COVID-19 public health emergency-related expenses.

In the event assistance requests received by the County exceed available funding, the County may give priority to those organizations that did not receive other local, state and/or federal COVID-19-related financial assistance (such as the Miami County CARES! Small Business and Nonprofit Grant Program).

For assistance in completing this application, please contact:

Michael Clarey, Development Services Manager (mclarey@miamicountyohio.gov or 937-440-5456)

Completed applications can be submitted via email at SmallBizGrants@miamicountyohio.gov. The application may also be submitted at the Department of Development (510 W. Water Street, Suite 120, Troy, OH 45373). When submitting your application, please make sure all materials (application, financial statements, receipts, etc.) are submitted together. You may need to send multiple emails depending on the size of your attachments.

Applications will be accepted until 05/31/22 at 4:00pm. Applications will not be accepted after this dates without exception.



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Program Details:

I.) Eligibility:

- 1.) Must have been negatively impacted by the COVID-19 pandemic. This must be documented through evidence of increased expenses and/or decrease in revenue directly caused by the pandemic.
- 2.) Must be registered as a 501(c)(3), 501(c)(9), or 501(c)(19) that primarily serves Miami County residents.
- 3.) Must have been in operation since at least January 1, 2020.
- 4.) Must be operating within the jurisdictional boundaries of Miami County, Ohio.
- 5.) Ineligible organizations are those that are in pending bankruptcy proceedings or that will file for such bankruptcy protections within six months of the date of application for assistance.
- 6.) Must be in good standing with local, state, and federal jurisdictions with respect to taxes, fees, utility payments, and other financial obligations.

II.) Eligible Assistance:

If the applicant has borne quantifiable expenses directly attributable to the COVID-19 pandemic, the following may be eligible for grant assistance. The County's grant assistance is federally sourced and will be issued as reimbursements for the following eligible costs. The applicant must submit receipts, accounting records and/or financial statements, documents or proofs of purchases, along with payment verification (cancelled checks, credit card statement, etc.) with its application.

1.) General Expenses

- Payroll
- Benefit Costs
- Mortgage/Rent (residential mortgages for home-based organizations are **not** eligible)
- Operating Costs
- Utilities

2.) COVID Prevention

- Purchase of items meant to protect the public and employees during the pandemic, such as protective masks and hand sanitizer, and other costs incurred by installing required safety measures.
- Virus mitigation related to air-quality and ventilation improvements and various other health and safety measures.



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3.) Staff Retention/Attraction

- Eligible Costs associated with hiring activities such as expenses related to job postings and employment retention/attraction incentives.
- Eligible costs associated with job training and professional certifications.

4.) Technical Assistance Counseling

- Costs associated with 3rd party consultative services directly tied to recovery from financial hardship caused by COVID-19.
- Includes costs such as financial planning, space planning and configuration for the purposes of health/safety, and marketing.

IV.) Required Documentation

- Copy of current Ohio Secretary of State certificate of good standing.
- Completed 990 Forms from 2019 to present.
- List of current board members.
- Form W-3 transmittal of wage and tax statements from 2019 to present (if applicable).
- Form 1096 annual summary and transmittal of U.S. information returns from 2019 to present (if applicable).
- Proof of reimbursable expenditures (receipts, invoices, etc.).

V.) Final Decision and Notification

- Applications will be reviewed by the Miami County ARPA Committee and the County Administrator.
- Final authority for approval is the Miami County Commissioners.
- Approved applicants will complete a grant agreement within ten (10) days of notification of an approved grant.



Application



*** Required**

Organization Name *

Director Name *

Street Address (No PO Box) *

Address Line 2

City *

State *

Zip Code *

Director Phone *

Director Email *

Preferred method of communication *

Email

Phone

Federal Tax ID

of Full-Time Staff (2019):*

of Part-Time Staff (2019):*

Year Founded

of Full-Time Staff (2020):*

of Part-Time Staff (2020):*

of Full-Time Staff (2021):*

of Part-Time Staff (2021):*



Application



Negative Economic Impact:

Please summarize your current situation and how the COVID-19 crisis has impacted your organization (decline in donations or other revenue (cancelled events), increased expenses, uncompensated increases in service needs). A bulleted list is recommended. *

Other Sources of COVID-19 Relief Funding:

Has your organization received COVID-19 related grants and loans of any kind? *



Application



Allowable Fixed Recurring General Expenses:

Please list allowable (per page 2, section II., item # 1.) fixed recurring expenses from March 3, 2021 to present.

COVID-19 Prevention Expenses:

Please list your COVID-19 related business expenses (masks, gloves, partitions, hand sanitizer, etc.) from March 3, 2021 to present. Provide receipts.



Application



COVID-19 Workforce Impact

If applicable, please summarize how allowable workforce expenses (per page 2, section II., item # 3.) have increased due to COVID-19. Documentation of costs from March 3, 2021 through present compared with similar costs during the same time period in 2019 must be included.

Technical Assistance/Counseling:

Certain costs associated with consultative assistance may be eligible ((per page 2, section II., item # 4.) If you have, or plan to contract for such services, please describe the purpose, its connection to COVID-19 hardship recovery. Please provide documentation such as receipts, invoices or quotes.



Application



Grant Request Summary:

Below, please state the grant amount being requested. Place the specific amount(s) within the appropriate allowable use category. Include documentation (receipts, invoices, quotes, etc.) *

Category	Amount
Mortgage / Rent	
Operating Costs	
Utilities (specify by type)	
Benefit Costs	
Job Recruitment/Retention Costs (job posting costs, employee retention/attraction incentives).	
Training	
COVID-19 Prevention Expenses (masks, gloves, partitions, etc.)	
Technical Assistance/Counseling	
Other	
TOTAL	



Application



Disclosures:

Is the organization, business, or a listed owner delinquent on any federal, state, or local taxes or assessments, direct or guaranteed loans, leases, contracts, grants, or any other obligations? *

Yes

No

If "yes," please explain.

Does the organization, business, or a listed owner have any outstanding judgements, tax liens, pending bankruptcy proceedings, pending lawsuits against them, or criminal proceedings? *

Yes

No

If "yes," please explain.

Does any owner, owner's spouse, or household member work for or serve in an official capacity for Miami County or a Miami County Municipality? *

Yes

No

If "yes," please explain.



Application



Disclaimer:

Application for the Miami County Nonprofit COVID-19 Recovery Grant Program DOES NOT GUARANTEE award of funding. The total amount awarded will be based on funds available. It is the sole responsibility of the Applicant to determine or to seek independent advice to determine the tax implications to the Applicant and its Owners. Please confirm your understanding of these disclaimers by initialing the box. *

Certification:

By typing your full name in the space below, you are certifying the all of the information provided in this application is true and accurate. You are also agreeing to assist in the verification of information provided in this application and to provide additional information, if requested. *