



GRAFTON COUNTY

NONPROFITS – PANDEMIC EMERGENCY RELIEF FUND APPLICATION

1. I acknowledge that I have read and agree to the Terms & Conditions:

_____ Yes _____ No

2. What is the primary mission of your nonprofit and please briefly describe your activity (250 words or less):

3. When was your nonprofit created?

_____ On or Before March 3, 2021 _____ After March 3, 2021

4. Does your nonprofit operate in Grafton County, NH?

_____ Yes _____ No

5. Are you currently an open and operating nonprofit?

_____ Yes _____ No

6. Are you applying for this grant due to financial losses or interruptions resulting from the COVID-19 pandemic?

_____ Yes _____ No

7. Have you applied for prior federal, state, or local funding pursuant to any COVID-19 relief efforts/program?

_____ Yes _____ No

a. If “yes” to above, from which program and how much was received?

b. Was the assistance in the form of a loan or grant?

_____ Loan _____ Grant

8. Does your nonprofit fall into any of the following categories:

- For-profit businesses;
- Publicly traded companies;
- Financial institutions (such as banks, lenders, pay-day lenders, auto title lenders, check cashers, nonprofit that principally trade money and/or mortgages, and other similar entities);
- Insurance companies (such as life, auto, home, bail bond, and other similar entities);
- Private or social clubs;
- Lobbying firms or nonprofit that dedicate 50% or more of their time or resources to lobbying activities;
- Organizations that generate income through activities performed in violation of state or federal law; and
- Organizations that exist for the purpose of advancing partisan political activities.

_____ Yes _____ No

9. What is your relationship to the applicant?

_____ I am completing this on behalf of the applicant (employee, CPA, other)

_____ I am on the governing board of directors/trustees

NONPROFIT INFORMATION

10. Board of Directors/Trustees/Information

a. First Name: _____
Middle Name: _____
Last Name (s): _____

b. First Name: _____
Middle Name: _____
Last Name (s): _____

c. First Name: _____
Middle Name: _____
Last Name (s): _____

d. First Name: _____
Middle Name: _____
Last Name (s): _____

e. First Name: _____
Middle Name: _____
Last Name (s): _____

11. Primary Email Contact) this email will be used for **all** communication during the application process):

_____@_____

12. Phone Contact

Permanent Phone Number _____ - _____ - _____

Alternative Phone Number: _____ - _____ - _____

13. Applicant Information

Website: _____

Primary Social Media Address: _____

Legal Applicant Name (include dba if applicable): _____

Applicant Street Address: _____

City/town: _____

State/territory: _____

Zip Code: _____

14. Applicant Tax-ID: _____ - _____

ADDITIONAL NONPROFIT INFORMATION

15. Years in operation

_____ Less than 1 year

_____ 1-2 years

_____ 3-5 years

☐ 6-9 years

☐ 10 or more years

16. Applicant's Gross Revenue (as reported in the most recently filed tax return)

☐ Less than \$49,999

☐ \$50,000 to \$99,999

☐ \$100,000 - \$299,999

☐ \$300,000 to \$499,999

☐ \$500,000 to \$1,000,000

17. Is the applicant-nonprofit currently in bankruptcy, or do you have plans to file for bankruptcy?

☐ Yes ☐ No

18. Does the applicant have a non-discrimination policy?

☐ Yes ☐ No

GRANT INFORMATION

19. Grant Amount Requested _____

20. Please list the expenditures that you anticipate paying for to support your nonprofit if you are awarded funding.

21. Please describe how the COVID-19 pandemic impacted your nonprofit (loss in fundraising, employee layoffs, payroll, past-due bills, nonprofit closure, etc.). If your nonprofit lost revenue, state your estimated losses.

22. To the best of your knowledge, how did your revenue/net income compare for the following date ranges: July 1, 2019 to June 30, 2020; and July 1, 2020 to June 30, 2021

____ Decreased by less than 20%

____ Decreased between 20% and 49%

____ Decreased by 50% or more

____ Remained the Same

____ Increased

____ Don't know/no answer

CERTIFICATION

Please review the information below, sign and submit your application to:

Grafton County

ATTN: PERF

3855 Dartmouth College Hwy, Box 1 OR
North Haverhill, NH 03774

Julie Libby, County Administrator

jlibby@grafftoncountynh.gov

For any questions, please contact Julie Libby at jlibby@grafftoncountynh.gov or at (603) 787-6941

By submitting the application for review and any subsequent award of grant funds, I, _____, certify that I have not provided any material misrepresentation and/or falsification of my eligibility to secure a small nonprofit grant under Grafton County's Pandemic Emergency Relief Program. I certify under penalty of perjury that the above information is complete and accurate to the best of my knowledge. I understand that Title 18, Sec. 1001 of the U.S Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a Department of the United States Government. If found guilty or committing fraud, my nonprofit entity will no longer be entitled to receive any small nonprofit grants and may be subject to other penalties imposed by Federal, State and/or local law.

I also understand and certify that:

- ☐ By checking this box, I agree to use such grant funds only for eligible nonprofit-related expenses stated in this application and to retain any receipts and documentation supporting such eligible expenses for five (5) years, following the close of the grant.
- ☐ By checking this box, I certify that any grant funds received will not be used to pay for expenses that have or will be reimbursed under any federal program, including a Paycheck Protection Act loan.
- ☐ By checking this box, I certify that any grant funds received will not be re-granted to a different individual or entity.
- ☐ By checking this box, I certify that I have not been convicted (including a plea bargain or a plea of no contest) of a felony in any state or under the laws of the federal government in the past seven (7) years (time running from date of conviction)

The applicant/awardee understands, agrees and accepts that, by submitting this application, it is certifying that the person named below has authority to bind the nonprofit entity and Grafton County is entitled to rely on this certification as actual and apparent evidence of authority to bind the nonprofit entity.

Signature

Date

Name (print)