

October 2020 DCCF CARES Act Crisis Relief Fund Grant Application

Douglas County Community Foundation

Program/Grant Request Name and Description Section

Program/Grant Request Name*

Character Limit: 250

Program/Grant Request Description and Impact*

Please briefly describe your program/grant request. Please include 1) the specific impact that the COVID-19 emergency is having on your organization or program and 2) the impact this DCCF grant will have on this program/grant request.

Character Limit: 2000

Geographic Area*

Please choose the one geographic area that best describes the primary community this request will serve.

Choices

Baldwin City
Eudora
Lawrence
Lecompton
All of Douglas County

Population(s) Served*

Please select **all categories** that describe the population(s) that will benefit from this grant.

Choices

Children from birth to Pre-K
Children and youth in grades K-12
At-risk, disadvantaged, or vulnerable children or youth
Young adults 18-25
Families
Marginalized, under-served, and under-resourced families or populations, including people of color
All adults
General populations (all ages)
LGBTQ
Older adults 65+
People with special needs or disabilities

Industry(s) Served*

Will the grant funds be used to support any of the below industry categories? If so, please select all industries that apply.

Choices

Food services
Arts
Entertainment
Recreation
Other

Industry comment

If you selected "Other," please describe.

Character Limit: 250

Expense categories*

Select all categories that apply to this program/grant application request.

Choices

Medical expenses
Public health
Payroll expenses
Action to facilitate health measures
Economic support
Other

Expense Comment

If you selected "Other," please describe.

Character Limit: 250

Estimated number of people served*

Please enter the estimated number of people served by the program/grant application request.

Character Limit: 6

Amount Requested*

Please enter a whole dollar amount without commas or periods, e.g. enter "1000" for "\$1,000.00. Round up to the nearest dollar.

Character Limit: 20

Grant Request Budget

Grant Request Budget Form*

Please download the Grant Request Budget Form from our website by clicking [HERE](#).

Complete the form and save it as a PDF and upload the file here. Once it is uploaded, please double check to make sure it displays as a **single page**.

Grant writing tips:

- The Budget is important and not a last-minute detail.
- Think about the Grant Budget Form as the grant request in numerical form.
- Vague line items, such as "Labor is paid for," result in grant committee member questions.
 - Be specific and list how much, by whom, etc.
- Revenue and expense totals should be equal.
- If other funding sources are participating, the total project budget should be included, not solely the grant budget amount requested from DCCF.

File Size Limit: 2 MB

Optional: Additional Supporting Documentation

If you have additional supporting documentation, click the Upload a File button below. The document must be in PDF format.

File Size Limit: 2 MB

Acceptance of Terms

By submitting this application, you certify that:

1. You are authorized to apply for grant funds on behalf of the organization identified.
2. The information provided is true and correct to the best of your knowledge. *Falsification of information could result in the immediate repayment of grant funds with the possibility of other legal action.*

By submitting this application, you also understand that:

1. If approved to receive funding, expenditure records must be returned and provided upon request before grant funding is issued.
2. All funds must be spent by December 30, 2020; not only by the nonprofit but also the clients being served.