

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:

If approved to receive funding, expenditure records must be returned and provided upon request before grant funding is issued.