



Glenn County Non-Profit Stabilization Grant Program Application

Date: _____

Full Legal Organization Name: _____

Business Trade Name (if different): _____

Contact Name: _____

Tax Exempt Status: ___ 501(c)(3) ___ 501(c)(19) ___ other

Physical Address: _____

City, State, and Zip Code: _____

Mailing Address (if different): _____

City, State, and Zip Code: _____

Phone: _____

Email: _____

Types of Services your organization provides: _____

Total Requested Grant Amount (max of \$15,000): _____

Please provide a detailed description of how your organization plans to utilize these funds. All funds requested must reflect costs associated with the impacts of business closures, the costs associated with adherence to local requirements for safe business re-openings and financial impacts due to the COVID-19 pandemic (decreased revenues, increased costs, challenges covering payroll, rent or other operating costs). Separate sheet may be provided.

Does your organization serve Glenn County Residents: _____

Will the grant funds your organization is applying for be spent on COVID-19 eligible expenses incurred after March 3, 2021:

Does your organization acknowledge and consent to providing a final report stating the grant proceeds followed all requirements under the eligible uses of funds by August 31, 2023:

Yes _____ No _____

Has your organization received any other COVID-19 related funding? If so, which programs:

Certifications:

- ✓ I hereby certify that my organization follows all applicable laws, including providing paid sick leave and following anti-discrimination laws.
- ✓ I hereby certify that all of the information submitted in this application is true and correct and is subject to audit by the County of Glenn and its third-party auditors.
- ✓ I hereby certify that I am an authorized representative of the entity, with the authority to apply for the Glenn County Non-Profit Stabilization Grant Program.
- ✓ I hereby certify that my business is and will continue to remain in compliance with federal, state, and local health orders.
- ✓ I hereby certify that no duplicate funds have been applied for or awarded.
- ✓ I acknowledge that once grants are awarded and grantees are notified, all funding decisions are final.

Name: _____

Title: _____

Signature: _____

Date: _____

REQUIRED DOCUMENTATION TO SUBMIT WITH YOUR APPLICATION

- Completed and signed Glenn County Non-Profit Business Stabilization Grant Program Application
- Financial Statements (profit and loss, receipts for COVID-19 related expenditures can also be supplied)
- Project Budget indicating how funds will be spent
- Most recently filed IRS Form 990
- A completed W-9
- Proof of IRS Federal tax-exempt status, 501(c)(3) or 501(c)(19)

Please be advised that additional documentation may be requested during the evaluation process.

If you have questions regarding this application, please call (530) 934-6540 or email planning@countyofglenn.net.

PLEASE SUBMIT COMPLETED APPLICATION PACKETS TO

County of Glenn Planning & Community Development Services Agency

225 North Tehama Street, Willows, CA, 95988

Ph: (530) 934-6540 ~ Fx: (530) 934-6103

planning@countyofglenn.net

Grant Applications will be accepted from February 1 – May 1, 2023.