



SEWARD

Nonprofit Relief and Recovery Grant Application

Section 1 – Applicant Information

Nonprofit name:

Contact name:

Contact address:
(mailing)

City:

State:

Zip:

Contact phone number:

Contact email address:

Physical address of nonprofit:
(nonprofit must be located
within the City of Seward)

City:

State:

Zip:

IRS Taxpayer Identification Number
or EIN

Section 2 – Grant Request Information

Was your nonprofit impacted by the COVID-19 public health emergency and are you in need of economic assistance?

Yes

No

Do you provide services to the residents of and have a physical presence in the City of Seward?

Yes

No

Have you been in operation serving the City of Seward residents since at least January 1, 2019?

Yes

No

Are you a faith based organization?

If yes, please go to next question. If no, skip next question.

Yes

No

Do you provide services which are promoted and available to the general public without regard to religious affiliation?

Yes

No

How has your organization and its work been affected by the COVID-19 Public Health Emergency?

Please attach a document explaining how your nonprofit plans to spend these grant funds.

Please attach IRS Form 990 or audited financial statement or unaudited financial statement by a 3rd party preparer from 2018 or 2019.

If awarded funds, I am willing to provide a brief report to the city no later than one year after receipt of the grant funds, reviewing the use of the money.

(This is voluntary and is requested to assist the City in evaluating the impact of the program.)

Yes No

I attest that all of the information provided is true and accurate, and agree to assist in the _____ verification of the information provided in the application and to provide additional information to the City if requested.

Yes No

This program is open to receive applications from July 20, 2020 – August 10, 2020. Applications must be received or postmarked by 5pm on August 12, 2020. Applications may be amended before the deadline. Incomplete applications will be rejected. If the demand for grants exceeds the City's available funds, the City reserves the right to prorate the grants equally to all recipients to stay within available funding. It is the sole responsibility of the applicant to determine or to seek independent advice as to the tax implications of receiving the grant funds.

As an official signer for the applicant, I certify that the information provided in this application is true and accurate and acknowledge that the funds will be spent by the required deadline of Dec. 30, 2020. I agree to assist in the verification of information provided in this application and to provide additional information to the city, if requested.

Signed: _____ Date: _____

Print Name: _____ Title: _____