



COVID-19 Non-Profit Recovery Grant

City of Englewood
Community Development Department
303-762-2347
ecodev@englewoodco.gov

Please Note: This program is open to non-profits holding a 501c(3), 501c(4), or 501c(6) status. These types of non-profits may include: human services, arts, non-religious charitable organizations, fraternal organizations, schools, and business organizations.

Religious institutions, political organizations, home-based non-profits, and organizations that have only experienced revenue loss are ineligible.

Grant amounts range from \$2,000 - \$4,000 based on the organization's annual revenue/budget.

Privacy Information

Information provided in this application is considered a public record and may be subject to public disclosure through the Colorado Public Records Act.

ORGANIZATION INFORMATION

First/Last Name: _____

Name of Organization: _____

Address: _____

Email Address: _____ **Phone Number:** _____

Non-Profit Status:

501(c)3

501(c)4

501(c)6

SERVICES

What services do you provide within the City of Englewood? _____

What specific COVID-19 related relief/support services do you provide within the City of Englewood? _____

ECONOMIC IMPACTS

What are the economic impacts of the COVID-19 pandemic on your organization? Please check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Temporary closure
Date closed: _____ | Anticipated date of re-opening: _____ |
| <input type="checkbox"/> Reduced hours of operation | <input type="checkbox"/> Inability to serve clientele |
| <input type="checkbox"/> Employee layoffs/furloughs | <input type="checkbox"/> Inability to hold events |
| <input type="checkbox"/> Increased operating costs (i.e. salaries, insurance, paid leave) | <input type="checkbox"/> Difficult to pay rent/mortgage |
| <input type="checkbox"/> Restricted access to capital | |

Briefly describe the above impacts on your organization and attach supporting documentation.

PERSONNEL

Number of employees on February 1, 2020:

_____ FT _____ PT _____ Temporary _____ Contract

Current number of employees:

_____ FT _____ PT _____ Temporary _____ Contract

REVENUE

Revenue decline from February 1, 2020 – April 30, 2020 related to COVID-19 impacts:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> 25% or greater | <input type="checkbox"/> 5-10% |
| <input type="checkbox"/> 10-25% | <input type="checkbox"/> Less than 5% |

GRANT FUNDS

Select how your organization will use the grant funds.

- | | |
|---|--|
| <input type="checkbox"/> Rent/mortgage payment | <input type="checkbox"/> Utilities (i.e. electric, phone/internet) |
| <input type="checkbox"/> Employee support (salaries, insurance, paid leave) | <input type="checkbox"/> Purchase of supplies/services for COVID protection/cleaning |

Purchase of supplies to offer alternative access (i.e. curbside pickup, delivery, etc.)

Expenses associated with increased material costs from suppliers

Expenses associated with marketing

MORE INFORMATION ON USE OF GRANT FUNDS

Provide any additional information on the intended use of grant funds and how grant will help you address this need. (100 word maximum)

REQUIRED DOCUMENTS - (Attach to application)

Proof of 501(c) status

Certificate of Good Standing from State of Colorado

IRS Form 990 or N990

ACKNOWLEDGEMENTS/SIGNATURE

Please check each statement acknowledging that you have read and affirm the information you have submitted within this application is true and accurate to the best of your knowledge.

Organization has 25 employees or less.

Organization has a physical and publicly accessible location in the City of Englewood within a commercial or industrial district.

The organization has experienced a decline in revenue between February 1, 2020 and April 30, 2020 as a result of COVID-19 pandemic.

The organization has experienced or is projecting to experience a decline in employment as a result of the COVID-19 pandemic.

The organization is engaged in activities that are legal under city and state law.

The organization can meet program technical requirements including ability to provide financial records to support grant request.

The organization is registered with the Colorado Secretary of State's Office.

Landlord/Lender has been contacted about rent/mortgage assistance.

Business Owner/Title

Date

Request for Taxpayer Identification Number and Certification

**Give form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,