Soldotna Coronavirus Nonprofit Response Fund

*Alaska Community Foundation*

# *Request Information*

## Organization Name\*

*Character Limit: 250*

## Requested amount (Between $25,000 and $100,000)\*

*Character Limit: 20*

## Description of Need as Specifically Related to Coronavirus\*

Please provide a description of your organization's needs in relation to the coronavirus pandemic. Focus on how the pandemic has affected your organization’s budget, and/or what additional activities and precautions your organization has implemented or plans to implement due to the public health emergency. Please describe what services would be lost to the Soldotna community if a Soldotna Coronavirus Nonprofit Response Fund grant is not awarded. If proposing a new program, please describe how it will address impacts of the pandemic on Soldotna and the surrounding community.

For more information on eligible expenses, please consult the [Soldotna Coronavirus Nonprofit](https://acfmsi.wpengine.com/wp-content/uploads/2021/04/2021.04.12-SCNRF-Application-Guidelines.pdf) [Response Fund Grant Guidelines.](https://acfmsi.wpengine.com/wp-content/uploads/2021/04/2021.04.12-SCNRF-Application-Guidelines.pdf)

*Character Limit: 7500*

## Focus of Request\*

Please identify the area of funding for which you are applying, as described in the [grant](http://366orx32s6ah1pc9o22eypsydev-wpengine.netdna-ssl.com/wp-content/uploads/2020/07/Coronavirus-Nonprofit-Relief-Fund-Grant-Application-Guidelines_07242020.pdf) [guidelines](http://366orx32s6ah1pc9o22eypsydev-wpengine.netdna-ssl.com/wp-content/uploads/2020/07/Coronavirus-Nonprofit-Relief-Fund-Grant-Application-Guidelines_07242020.pdf). Choose as many areas as are listed in your budget and described in your budget narrative.

### Choices

Food security

Childcare & youth services Mental health support

Housing & homelessness prevention Transportation

COVID-19 vaccination efforts Other

## Budget Spreadsheet\*

Upload the project budget using the spreadsheet provided: [Soldotna Coronavirus Nonprofit](https://acfmsi.wpengine.com/wp-content/uploads/2021/03/SoldotnaCoronavirusNonprofitResponseFundGrantBudgetForm.xlsx) [Response Fund Budgethttps://acfmsi.wpengine.com/wp-](https://acfmsi.wpengine.com/wp-content/uploads/2021/03/SoldotnaCoronavirusNonprofitResponseFundGrantBudgetForm.xlsx) [content/uploads/2021/03/SoldotnaCoronavirusNonprofitResponseFundGrantBudgetForm.xlsx](https://acfmsi.wpengine.com/wp-content/uploads/2021/03/SoldotnaCoronavirusNonprofitResponseFundGrantBudgetForm.xlsx)F

orm[http://alaskacf.org/wp-content/uploads/2015/09/2015.09.16-Vocational-Fund-Project-](http://alaskacf.org/wp-content/uploads/2015/09/2015.09.16-Vocational-Fund-Project-Budget.xls) [Budget.xls](http://alaskacf.org/wp-content/uploads/2015/09/2015.09.16-Vocational-Fund-Project-Budget.xls)

Add line items to the budget worksheet as needed. Please be descriptive in your line items, including providing the number of items and cost per item, i.e., 2.5 FTEs @ $75,000 each.

The worksheet should reflect all losses and costs associated with the Coronavirus pandemic, and include information about other CARES Act funding received and pending.

*File Size Limit: 3 MB*

## Budget Narrative\*

In the area below, enter a detailed description of how these funds would be spent per each line item in the submitted budget. Be sure to include details about other sources of funding if applicable and if the funding has been committed or secured.

Please describe how your organization will ensure the funds are completely spent by December 31, 2021.

You also may upload a document containing your budget narrative if you prefer.

*Character Limit: 3000 | File Size Limit: 3 MB*

# *Organization Information*

## Organization's DUNS Number\*

You must have a DUNS number to receive CARES Act funding. If you do not have a DUNS number, you can request one by following the instructions [here](https://dandb.com/glossary/how-to-get-a-duns-number/).

*Character Limit: 100*

## Organizational Background\*

Please include:

* Your organization's mission statement;
* Brief history and background of your organization;
* Services provided;
* In what geographic area(s) you provide services.

*Character Limit: 5000*

## Organization's operating revenue for the last completed fiscal year\*

*Character Limit: 20*

## Organization's operating expenses for the last completed fiscal year\*

*Character Limit: 20*

## Organization's Balance Sheet for the last completed fiscal year\*

*File Size Limit: 2 MB*

## Current Operating Budget

Please upload a current fiscal year approved organizational budget for your organization, showing sources of revenue and expenses.

*File Size Limit: 3 MB*

## List of Board of Directors\*

Provide a list of the organization's Board of Directors (or equivalent) with affiliations for each member.

*File Size Limit: 2 MB*

# *Electronic Signature*

Please contact ACF staff by phone or email to discuss your ideas. A draft review of your application is **strongly encouraged**. If your organization would like to have a draft review of your application, complete and save your application, but do not submit. Please email The Alaska Community Foundation at least two days prior to the deadline

at kstjohn@alaskacf.orgmailto:kstjohn@alaskacf.org requesting a review.

With my electronic signature, I certify that the information provided in this application is true, correct, and complete. I agree to allow any information on this application (unless otherwise noted) to be released for publication. I authorize The Alaska Community Foundation to verify any information submitted as part of this application.

## I have read the above information.\*

### Choices

Yes No

## Title of Authorizing Official\*

The Authorizing Official has the authority to solicit and accept grants on behalf of their organization.

*Character Limit: 75*

## Date\*

*Character Limit: 10*

## Electronic Signature\*

By typing in your name below, you certify that the above information is true and accurate to the best of your knowledge.

*Character Limit: 75*

Direct questions related to the online application system to The Alaska Community Foundation should be directed to Katie Kavanaugh at kstjohn@alaskacf.org or Jessie Lavoie at jlavoie@alaskacf.org or 907-249-6617.

## Draft has been reviewed

If this application was reviewed by an ACF team member before submission, please indicate the date of the review and the reviewer's name.

*Character Limit: 100*