

BACRF Grant Application

This is the online Barrington Area COVID Response Fund Grant Application for Not For Profits (NFP) organizations serving the Barrington Area. The Barrington Area is defined as the greater of the two geographic areas of the Barrington 220 Community Unit School District (CUSD 220 <https://www.arcgis.com/home/webmap/viewer.html?webmap=1b1c2dd59b5a436e818ec3bf37eb22bf> to see boundaries) and the Barrington Area Council of Governments (BACOG <http://bacog.maps.arcgis.com/apps/Viewer/index.html?appid=ba1777b73a4c44019c7151efc9e8936d> select layers menu and municipal members).

Many of our local health and human service organizations are experiencing a surge in demand for services in response to the COVID-19 crisis. The Barrington Area COVID Response Funds are potentially available to current 501(c)3 non-profit health and human service organizations/agencies serving residents within the Barrington Area.

Grants from the fund will be prioritized for organizations providing vital basic needs, services, and resources to disproportionately impacted individuals and families, especially within vulnerable populations.

Additionally, the fund will support NFP organizations that are experiencing financial hardship for agencies providing charitable programs and services in the Barrington Area.

You may return to this application or resubmit it if you encounter difficulties or need to make changes. If substantial changes are needed after submission please also check the appropriate box at the end of the application.

To complete the survey it will help you to have input from your treasurer or at least access to your financial reports for end of year 2019, end of month or prior month of submission (e.g. so if submitting in October, end of month September).

For questions please email: admin@barringtonareacommunityfoundation.org
Subject line: attention BACRF Grants Committee [add your organizations name]

* Required

1. Application completed by: *

Organization Contact Information

2. Grant Year – automatically set
3. Name of your NFP organization, (please note you must be a 501 c 3, or qualified as per IRS regulations as tax exempt for charitable purposes): *

4. Point of Contact (POC) Name *

- 5a. Your Title at the organization? *

- 5b. Your Email for contact regarding this application? *

- 5c. Your phone number for questions regarding this application? (preferably during this time of COVID a cell phone or number that can receive voice or text messages)

6. Grant Type: COVID Response Fund Grant

About your NFP Pre-COVID (before March 2020)

Please help us understand whom you serve in our community.

7. Briefly describe the services and needs you have been providing to the Barrington Area prior to March 2020 *

Please limit your answers to less than 150 words

8. How many years have you been providing services in the Barrington Area? *

Please provide an estimate in years that your NFP has been operating in the Barrington Area, you may include as an additional answer how long beyond the Barrington Area, but then include that geographic area. Please enter zero if this is the first year you are providing services to the Barrington Area.

9. Have you ever applied to BACF for other grants? If yes, what year(s). *

Enter "YES" if you applied in the past, even if you did not receive funding. What year(s). This will help us to locate past records.

10. If YES and you received funding, please give short summary of the past project status.

If you received a grant from BACF, give a short summary of past project status. Include all Grants received from BACF.

Type of
Grant You
Are
Applying
for:

If you are only applying for a Financial Hardship Grant (general support grant NOT related to providing services to those persons affected by the COVID-19 pandemic) please answer "No" .

11. Are you applying for Grant funds that will be providing vital basic needs, services, and resources to disproportionately impacted individuals and families, especially within vulnerable populations.

Mark only one oval.

Yes

No *Skip to question 21*

Maybe

COVID-19
NFP
program
information

Please focus your responses to programing at it relates to after April 1, 2020 for this section. (March being a transitional month- for subsequent financial questions the dates will be more specific)

12. Please describe the program or need you are providing as it relates to those affected by the COVID-19 pandemic. *

13. Name of your Program *

14. Amount of the Grant Request *

15. Expected Total Program Cost *

16. Geographic area of the persons served by the program: *

Not the % of the area but the percent of the persons that live in the Barrington Area (greater of boundaries of CUSD 220 or BACOG see section 1). If everyone served in the program lives in the Barrington Area that would be 100%.

Mark only one oval.

- Predominantly the Barrington Area (>90%)
- Mostly the Barrington Area (50%-90%)
- Some of the Barrington Area (10%-49%)
- Minimal (<10%)

17. Estimate of the total number of people served by your program that live in the Barrington Area, please give a number: *

18. Clarifications regarding number of people served by your program that is to be funded by the grant

You may give some clarifications if needed.

19. How you determine which people will be served by your program *

Please give some indication on how the community will learn about your program and any qualifications you require for individuals or families to receive services.

20. How long do you expect to running this program specific to COVID-19? *

Please give an expected end date such as end of February 2020 or six months, etc...

**Basic
Financial
Information**

Required of all grant applicants, having your most recent filed IRS 990 form will be helpful. Also Investment and bank statements from the end of 2019.

21. Total Revenue in 2019 *

If your fiscal calendar year ends other than December 31st, please have your treasurer/accountant provide an estimate.

22. Total Expenses for year 2019 *

If your fiscal calendar year ends other than December 31st, please have your treasurer/accountant provide an estimate.

23. Net Assets or Fund Balances at the end of the year 2019 *

From IRS Tax filing this would be line 22 on the Form 990, but please enter the amount for end of December 2019. This is the total amount of assets you had at the end of 2019 (cash, investments, buildings)

24. Clarifications regarding Net Assets/Fund Balances

If your net Assets/Fund Balances include restricted funds or buildings please list and include estimated values. (on IRS Form 990, this would be Part X, Assets line 10c and likely can be taken from your last filed return unless you have sold the asset)

25. Total Actual/Estimated Expenses for 2020? *

26. Total Estimated Expenses for 2021? *

27. Total Programming Costs estimated for 2020 *

This should include any ongoing programs or programs that will occur. This should be adjusted for changes expected as a result of the COVID 19 pandemic based on the year thus far. This should not include operating expenses as that will be asked later if applying for a financial hardship grant in that section.

28. Total Actual/Estimated Revenue for 2020 *

Do not include the BACRF grant, but include any grants received from Federal programs. Do not include grant funds applied for but not yet notified of being a recipient.

29. Total Estimated Revenue for 2021 *

30. What do you estimate the total Net Assets/Fund Balance to be End of Year (end of 2020)? How much will you have in the assets (cash, investments, etc)? *

Applying
for
Financial
Hardship
Grant

If you are also applying for a Financial Hardship grant please answer "Yes" and you will be asked to provide additional financial information, if only applying for a basic needs grants (which are taken in higher priority) then answer "No" and you will be able to skip the additional information for now.

31. Please upload - Agency Budget Attachment F

32. Are you applying also for a Financial hardship grants?

These are grants that will not be helping to provide for the new or additional needs of people affected by COVID but instead to help keep your NFP solvent so in the year to come you will still be able to meet the needs of the Barrington Area beyond the pandemic

Mark only one oval.

Yes

No *Skip to question 46*

Maybe

Financial
Hardship Grant:
(Grants are now
on a rolling basis
after the
September 30th
completion of the
3rd Round. After
November 30th,
please also check
our Grants
Application
process on the
BACF website)

In addition to providing Grants to NFP that are assisting those in need as a result of the COVID-19 pandemic, the BACRF will be providing limited grants to those NFP that are experiencing financial hardship related to things such as cancelled revenue producing programs, fundraisers and events. These grants are not meant to provide general funding to those organizations that have or expect to have sufficient revenue or reserves to continue operations through the next 12 months. If you are unsure please consider delaying your application until the next round of funding. The next round of funding has not been finalized but could occur in later months or as part of the BACF annual granting cycle. Having your most recent IRS 990 filing and bank and investment statements for end of 2019 and the most recent end of month will be helpful. Estimates are acceptable, with the understanding that you will notify us of significant corrections as you become aware of them.

33. Hardship funding amount requested?*

Please be aware that not all grant categories will be granted. Select an amount that will hopefully make a difference to your financial solvency until your usual paths of fundraising can resume.

34. Please provide your current cash on hand? *

Current Cash on hand includes bank and investment accounts.

35. What were your total expenses last month? *

36. What was your total revenue last month?

37. Clarifications on Total Revenue, Expenses, Net Assets or Fund Balances.

Please add any clarifications from any previous revenue, expense, or net assets to help us understand your situation.

38. What were your largest sources of revenue prior to COVID *

Please provide general categories such as galas, direct appeal, programming charges, etc... Also include estimates of approximate amounts of revenue last year.

39. Regarding your most successful past source of revenue: *

Check all that apply.

- Unable to hold event or collect because of COVID restrictions
- Virtual event but raised less or unable to bill as much from participants
- Did better than previously but still shortfall from other revenue sources

Other: _____

40. What new sources of revenue have your explored? *

41. Federal, State, Other grants

Please list any programs such as the Payroll Protection Program, CARES act, other COVID grants. List if applied, and any amounts received for each program. if pending, list the requested amount and as pending.

42. What measures have you done to decrease expenses that were incurred last year for this year? *

We do not have any specific expectations, this is more to understand your situation.

43. How much in total reduction in past expenses will you have achieved this year? *

44. How have these reductions changed services provided to clients? *

45. Given your current expected revenue from programming and donations along with your average monthly expenses, what is your monthly cash burn and in turn? How long do you expect your current cash on hand to last with current cash inflows and outflows? When do you project your will run out of funds? (Your best estimates, and you can update these two numbers until the grants deadline, please give a number of weeks or months as applicable, as well as a rough date e.g: \$xx,xxx per month; will last 3 months; end of 2020. \$x,xxx per month; will last 6 months; end of Spring 2021). You can add clarifications if needed. *

**Audit
Information
for Grant
Recipients**

Please fill out this information at this time. Your designated Point of Contact (POC) may be asked for follow up regarding how the grant was utilized or in the case of financial hardship grants, further updates on finances. Grants may be asked to be returned if not utilized properly or if hardship situations do not materialize. Our goal is to utilize the funds to help the Barrington Area respond to the COVID pandemic and audits are only as a safeguard to meet the fiduciary responsibility to our donors and public. By filling out this application you are representing that your organization has authorized you to do so and gives consent to these audit conditions if a grant is received. You are also giving consent to publicize on our website, our donors, and public news outlets a list of the recipients of the BACRF fund.

46. Please list the contact information to who will be providing information to us regarding results/progress of the grant. Name of Contact (POC): *

47. POC for audit, email address: *

48. Alternate email address (in case of a change in personnel): *

**End of
Grant
Application**

Thank you for submitting your grant application.
You may submit changes to your application prior to each grant cycle end date, even after submission. If the program itself has changed or new needs have arisen please start a whole new grant application. However, for any single grant cycle you may only submit one grant application.
We will notify you regarding grant applications as soon a decision is reached by the Grants Committee. We encourage you to check our website for further updated information as grant deadlines are sometimes readjusted based on changing timelines and fund availability.

49. Any last comments or Clarifications
