



City of Cambridge

COVID-19 Emergency & Recovery Grants for Eligible Cambridge Nonprofit Organizations

Overview: The intent of this funding is to provide COVID-19 related assistance and critical supports to the vulnerable and at-risk Cambridge families and individuals served by Cambridge nonprofit organizations. The nonprofits are a critical resource to support vulnerable residents and this is especially true during the coronavirus pandemic.

Up to 100 grants will be awarded to Grants of \$10,000 will be awarded to up to 100 eligible entities. Completed applications are due by 12pm on July 10, 2020. For more information about this funding opportunity, please visit <https://www.cambridgema.gov/NonProfitGrants>.

If you have questions about the application, please contact communitybenefits@cambridgema.gov.

1.	Name of person submitting application:	2. Job title:
3.	Name of organization/ entity applying for funding	4. Tax ID #:
5.	Contact Name:	Contact Phone #:
	Street Address (City/State/Zip):	Email Address:
6.	Please confirm that your organization meets each of the following eligibility criteria. If you answer No to question 6a, you will not be eligible for this grant without a fiscal sponsor. If you answer No to any of questions 6b-6d below, you will not be eligible for this grant.	
6a.	Is your organization a 501(c)3? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, you may still be eligible if you have a fiscal sponsor that is a 501(c)3</i>	
If No	Does your organization have a 501(c)3 organization that will be your fiscal sponsor for this grant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If No	I understand that since my organization is not a 501(c)3 and I do not have a 501(c)3 Fiscal Sponsor, I will not be eligible for this grant:
	If Yes	What is the name of the non-profit organization?
		Contact name for that non-profit organization?
		Contact email address:
		I understand that my 501(c)3 Fiscal Sponsor will need to enter into the grant agreement with the City of Cambridge on my behalf for the services described in the grant application and in accordance with the budget prior to the grant funds being disbursed <input type="checkbox"/>
6b.	Does your organization have a location in Cambridge that serves Cambridge residents? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Organization's Cambridge address:	

6c.	Is the organization able to use this money within 6 months of entering a grant agreement with the City? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6d.	Is the organization addressing one or more of the needs from the Needs Assessment that are a result of, or have been intensified by, the COVID-19 pandemic? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes	Select all needs you will address. <input type="checkbox"/> Affordable Housing and Homelessness <input type="checkbox"/> Financial Security <input type="checkbox"/> Mental Health: Behavioral Health and Substance Abuse <input type="checkbox"/> Food <input type="checkbox"/> Civic Engagement and Social Capital <input type="checkbox"/> Education <input type="checkbox"/> Employment <input type="checkbox"/> Safety <input type="checkbox"/> Transportation <input type="checkbox"/> Arts, Culture, and Recreation <input type="checkbox"/> Health <input type="checkbox"/> Built and Natural Environment NOTE: there is no added eligibility benefit to organizations that will address multiple needs	
7.	Please attach the following four documents:	
	1) A brief description of how grant funds will be used, including a description of services, anticipated number of residents served, duration of services, and how this funding will support your continued ability to meet the needs of vulnerable Cambridge residents [2 paragraphs suggested]	
	2) a simple budget and brief budget narrative that indicates what you anticipate spending this money on	
	3) a W-9 Form	
	4) a letter of acknowledgement from your Fiscal Sponsor	
8.	Signature(s)	
	The person signing this application must be an authorized signor on behalf of the organization/entity seeking funding AND, if applying with a fiscal sponsor/organization that is a 501(c)3, the person signing acknowledges that the fiscal sponsor has agreed to enter into the grant agreement with the City of Cambridge on behalf of the entity it is sponsoring for the services described in the grant application and in accordance with the budget. By signing this Application, the Applicant hereby acknowledges and affirms that all of the information provided in the above Application is complete, true, and accurate to the best of their knowledge and belief.	
	Signed by:	Date: