



### Martin County Community Partner Relief Grant Application

**Assistance Offered:** \$50,000 maximum award, subject to funding availability

Type of Nonprofit	Maximum Award*
501(c)(3) Nonprofit Community Partners	\$20,000
501(c)(6) Organizations	\$20,000
Nonprofit Veteran’s Organizations	\$20,000
501(c)(3) Nonprofit Cultural Facilities	\$50,000
501 (c)(3) Nonprofit Medical Services Providers	\$50,000
	*all awards subject to funding availability

#### Eligibility

Organizations are **eligible** to apply for a one-time relief grant if the organization:

- Has been operating since **October 1, 2019** and is still operating as of date of application.
- Is located in **Martin County**.
- Is a Florida Not for Profit Corporation.
- Is designated by the IRS as a 501(c)(3) organization excluding churches, foundations and political organizations, or designated by the IRS as a 501(c)(6) organization or is a nonprofit veterans’ organization.
- Has filed IRS Form 990 Return for 2019 or 2018.
- Has payroll forms submitted to the IRS for 2020 (if applying for reimbursement of salaries/payroll).
- Has not received COVID-19 relief funds in the form of a grant or forgivable loan exceeding \$500,000.

#### Eligible Expenditures for Grant Award

*(Costs incurred through month of application will be considered for reimbursement. Please note that revenue loss due to COVID-19 is an ineligible expense)*

- Salaries/Payroll
- Spoiled Inventories
- Commercial Lease, Mortgage, or Rent Payments
- Utilities
- Unbudgeted Programming and operational costs or enhancements related to COVID-19
- Other Expenses - due to new COVID- 19 safety provisions

## Eligibility Questionnaire

1. Is the applicant or any listed officer currently suspended or debarred from contracting with the federal, state or local government or receiving federal, state or local grants or loans? **Yes**  **No**
2. Is the entity an eligible non-profit organization? **Yes**  **No**
3. Did the nonprofit organization file a Return of Organization Exempt for Income Tax, 990, 990-N, or Form 990 EZ? for 2019 **or** 2018? **Yes**  **No**
4. Has the non-profit organization filed payroll forms with IRS for 2019, if applicable? **Yes**  **No**
5. Has the non-profit received any COVID-19 relief funds in the form of a grant or forgivable loan from federal, state and/or any local government exceeding \$500,000? **Yes**  **No**
6. Is the non-profit still in operation as of the date of application? **Yes**  **No**
7. Is the primary address for the non-profit located in Martin County? **Yes**  **No**

**Application Details**

1. Legal Name of Nonprofit as shown in [Line 1 of Form W-9](#) or section C of [Form 990](#) :

\_\_\_\_\_

2. Fictitious Name, Trade Name, DBA, or Disregarded Entity Name (if any):

\_\_\_\_\_

3. Principal Non-Profit Address:

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Mailing Address for Grant Check, if different:

\_\_\_\_\_

5. Primary Contact Name: \_\_\_\_\_

6. Primary Contact Phone Number: \_\_\_\_\_

7. Primary Contact Email Address: \_\_\_\_\_

8. Date Non-Profit Filed its Annual Reports for 2019 and 2020 with the State of Florida Division of Corporations as shown on [SunBiz](#): \_\_\_\_\_

Non-Profit must have an Active Status and a Date Filed on or before October 1, 2019 with the Division or Corporations and was still operating as of the date of application.

9. Tax Identification Number as shown in [Part I of Form W-9](#) or section D of [Form 990](#):

\_\_\_\_\_

10. Number of Employees (including yourself) [for reporting purposes only]:

- 25 employees or fewer       More than 25 employees

11. Actual Number of Employees (including yourself ) [for reporting purposes only]: \_\_\_\_\_

12. Non-Profit Legal Entity Type and Financial Documents Required:

- Proof of IRS designation
- Proof of registration as an active nonprofit corporation in the State of Florida
- W-9 Form
- Most recent IRS tax return Form 990

**13. How was your non-profit impacted by COVID-19?**

For example, did you furlough employees (how many), did you decrease hours of operations (by how much), etc. Please provide actual or approximate dollar amounts – for example \$X loss in revenues; \$X loss in sales. Attach additional pages or spreadsheets, if needed.

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Expense	Amount
Salaries/Payroll	
Spoiled Inventories	
Commercial lease, mortgage or rent payments	
Utilities	
Unanticipated program and operational costs	
Other COVID-19 expenses	

**14. Has your non-profit received any COVID-19 relief in the form of a grant or forgivable loan from any federal, state, or local program?**

*For example a [Payroll Protection Program \(PPP\)](#) forgivable loan or a grant from federal, state and/or local government where your non-profit is located*

Yes  No

If “YES”, please provide documentation (such as executed Promissory Notes, Grant Agreements, etc.) to verify how much relief your non-profit received.

Enter the amount received: \$ \_\_\_\_\_

If “YES”, any amounts your non-profit received in excess of \$500,000 will be deducted from any potential award your non-profit may receive from the [Martin County Community Partner Relief Program](#)

**15. Eligible Use of the Grant.**

Please state the exact amount of funding your non-profit is requesting. The funding may only be used to reimburse expenses in the categories below. Please attach a spreadsheet reflecting how you calculated the amount of the request. **IMPORTANT:** Please attach copies of receipts, cancelled checks, or other supporting documents to demonstrate the actual expenses incurred from March 1, 2020 to date of application.

<b>Expense</b>	<b>Amount Expended</b>	<b>Reimbursement Requested *</b>
Salaries/Payroll		
Spoiled Inventories		
Commercial lease, mortgage or rent payments		
Utilities		
Unanticipated program and operational costs		
Other COVID-19 expenses		
<b>TOTAL AMOUNT OF REQUEST</b>		

**Salaries/Payroll.** Includes wages for part-time and full-time employees, as reported to the IRS. It does NOT include independent contractors reported to the IRS on Form 1099.

**Inventory.** Includes supplies and materials lost due to spoilage as a result of the non-profit being closed. It does NOT include inventory purchased for resale.

**Commercial lease, etc.** Includes ordinary non-profit real estate rents and mortgages. It may also include equipment and machinery leased for the non-profit. Special rules apply to home-based non-profits; contact Community Partner Relief Program for guidance.

**Utilities.** Includes ordinary utilities such as electricity, water/sewer, cable, internet. It may also include specialized utilities such as credit card processing equipment and fees required to maintain the non-profit account. It does not include credit card processing fees.

**Unanticipated program and operational costs or enhancements.** Includes only those necessary to address COVID-19 related issues.

**Other expenses.** Includes ONLY expenses required to meet COVID-19 compliance, e.g., masks, PPE, Plexiglas partitions, additional cleaning supplies, and similar items.

**\*IMPORTANT.** If you are requesting funding as a 501(c)(3) Nonprofit Cultural Facility, please include a brief memorandum explaining your rationale for inclusion in that category.

**Certifications and Affirmations of Applicant**

I, \_\_\_\_\_, am the Authorized Agent of \_\_\_\_\_  
("Nonprofit Applicant") and I certify and affirm as follows:

Please Initial next to each statement indicating that you understand the following:

\_\_\_\_\_ I certify that I am authorized to submit this application on behalf of the Nonprofit Applicant.

\_\_\_\_\_ I certify that the information provided in this application and the information provided in all supporting documents and forms is true and accurate. I understand that knowingly making a false statement in this application may subject me to criminal prosecution and penalties in accordance with applicable law, including, but not limited to, Chapter 817, Florida Statutes, and Chapter 47, United States Code, which may include up to five years' imprisonment and/or up to a \$250,000 fine.

\_\_\_\_\_ I certify that the Nonprofit Applicant meets all of the eligibility requirements to receive funding under the Martin County Community Partner Relief Program and that the Nonprofit Applicant will use the funds for eligible expenses.

\_\_\_\_\_ I certify that the Nonprofit Applicant has not received COVID-19 relief funds in the form of a grant or forgivable loan exceeding \$500,000, that the Nonprofit Applicant has not received funds for the expenses submitted under this Program and that the Nonprofit Applicant will not accept any grant from Martin County that will cause the Nonprofit Applicant to exceed the receipt of more than \$500,000 in COVID-19 relief funds.

\_\_\_\_\_ I affirm that the award and payment of grant funds are subject to the sole and absolute discretion of the Martin County Board of County Commissioners without recourse. By submitting this application, I waive any and all claims related to the Martin County Community Partner Relief Program and specifically agree to indemnify and hold the County, its employees, officers, agents, and representatives harmless from any and all claims which may be in any way related to any Martin County Community Partner Relief Program award, payment, and/or denial.

\_\_\_\_\_ I affirm that the Nonprofit Applicant has experienced financial hardship due to the public health emergency with respect to COVID-19 and this grant is necessary to reimburse the ongoing operations for the Nonprofit Applicant during the period of closure. If funded, I affirm the Nonprofit Applicant will continue operations in Martin County.

\_\_\_\_\_ I affirm that the tax documents provided herein are identical to those I have submitted to the Internal Revenue Service.

\_\_\_\_\_ I acknowledge that, if this grant application is approved, the Nonprofit Applicant will make a good faith effort to retain or rehire workers, if applicable.

\_\_\_\_\_ I acknowledge that, if this grant application is approved, Martin County will calculate the grant amount using the tax returns and other documents submitted by the Nonprofit Applicant.

\_\_\_\_\_ I acknowledge that, if this grant application is approved, Martin County shall have access to the applicant's business records, including business records to document expenditures from the time of grant award through December 30, 2020, for the purpose of inspection or audit. I further acknowledge that Martin County utilizes the Martin County Clerk of Court and Comptroller for auditing purposes. The Martin County Clerk and Comptroller's authority includes but is not limited to the power to review past, present and proposed County contracts, transactions, accounts and records, to require the production of records, and to audit, investigate, monitor, and inspect the activities of my nonprofit, its officers, agents, employees, and lobbyists in order to ensure compliance with any and all requirements and to detect corruption and fraud.

\_\_\_\_\_ I acknowledge that, if this grant application is approved, my name, my nonprofit business name, and my grant award amount may be made public by Martin County and any documentation provided to Martin County will be subject to Chapter 119, Florida Statutes, Florida's Public Records laws.

[signature page follows]

**Signature Page**

**Nonprofit Business Entity Applicants Sign Individually and on Behalf of Nonprofit Business Entity Below:**

_____	Individually:
(Name of Non-Profit Business Applicant)	
By: _____	_____
Printed Name: _____	Printed Name
Title: _____	
Date: _____	

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me, this \_\_\_\_ day of \_\_\_\_\_, 2020, by \_\_\_\_\_, (\_\_\_\_) who is personally known to me, or (\_\_\_\_) who produced identification in the form of \_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
\_\_\_\_\_  
(Print Name of Notary)  
NOTARY PUBLIC, State of Florida  
My Commission Expires: \_\_\_\_\_

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