

# Non-profit OPENTogether Grant Program

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*Innovia Foundation*

## *Introduction*

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**DEADLINE:** This application is due by 11:59 PM (PST) on Monday, August 10, 2020. Late applications will not be accepted or reviewed.

**ELIGIBILITY REQUIREMENTS:** For more information about eligibility requirements visit the Greater Spokane Inc website.

**QUESTIONS:** For questions related to the nonprofit application, please contact Innovia Foundation at [info@innovia.org](mailto:info@innovia.org) or 509-624-2606.

**TRANSLATION SERVICES:** For assistance with this application, please contact Maria, with ASAP Translations at (509)747-5121 [Maria@asap-translations.com](mailto:Maria@asap-translations.com)

### Chinese:

有关此应用程序的帮助, 请联系 珍妮 刘 (Jenny Liu), 提供尽快翻译, 请致电(509)747-5121 [Maria@asap-translations.com](mailto:Maria@asap-translations.com)

### Vietnamese:

Để được hỗ trợ bằng tiếng Việt khi điền đơn này, xin vui lòng liên lạc với Nam Thái, ASAP Translations tại số điện thoại (509)747-5121 [Maria@asap-translations.com](mailto:Maria@asap-translations.com)

### Spanish:

Para obtener ayuda con esta aplicación en ESPAÑOL, comuníquese con Maria Lucia Gutierrez, en ASAP Translations: (509)747-5121 [Maria@asap-translations.com](mailto:Maria@asap-translations.com).

## *Eligibility Questions*

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### **Is this a nonprofit charitable organization registered with the Washington Secretary of State?\***

*Note: must be in good standing*

#### **Choices**

Yes

No - Sorry, your organization does not qualify

**Is this organization one of the following?\***

1. Federally recognized 501c(3)
2. Organization using a Federally recognized 501c(3) fiscal sponsor
3. A church or religious organization offering specific programs with direct service offered to general public without regard to faith, affiliation, religious belief or practice, and that are provided in a non-discriminatory way that benefits the larger community

**Choices**

Yes

No - Sorry, your organization does not qualify

**Was this nonprofit established on or before March 1, 2019?\***

**Choices**

Yes

No - Sorry, your organization does not qualify

**Is this nonprofit located in Spokane County?\***

**Choices**

Yes

No - Sorry, your organization does not qualify

**During 2020, will your organization experience a financial loss due to the COVID-19 pandemic?\***

*Note: this includes previous or projected loss of funding through 2020.*

**Choices**

Yes

No - Sorry, your organization does not qualify

**Is your current annual operating budget over \$10,000?\***

**Choices**

Yes

No - Sorry, your organization does not qualify

**Does your organization fall under one of these categories?\***

1. K-12 schools (including charter, public, private)
2. Colleges and universities
3. Hospitals, medical research, and healthcare entities that bill for clinical treatment
4. Professional societies and associations
5. Grantmaking foundations and charitable trusts
6. Fraternal organizations
7. For-profit entities
8. 501(c)(4) and 501(c)(6)

- 9. Church or religious organizations, (except for those offering specific programs with direct service offered to general public without regard to faith, affiliation, religious belief or practice, and that are provided in a non-discriminatory way that benefits the larger community)

**Choices**

Yes - sorry, your organization does not qualify

No

**Public Disclosure\***

If selected as an award recipient, I understand our organization name may be publicly released due to Washington State public disclosure laws.

**Choices**

Yes

No - by not accepting this provision, your application will not be eligible

*Nonprofit Information*

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**Organization Name\***

Character Limit: 250

**If you operate with a fiscal sponsor, please list the sponsoring organization here:**

Character Limit: 50

**Annual Operating Budget\***

Select your annual operating budget size

**Choices**

\$10,000-\$50,000

\$50,001 – \$250,000

\$250,001 - \$1,000,000

\$1,000,001 - \$5,000,000

\$5,000,001 - \$10,000,000

Over \$10,000,000

**Washington State UBI Number\***

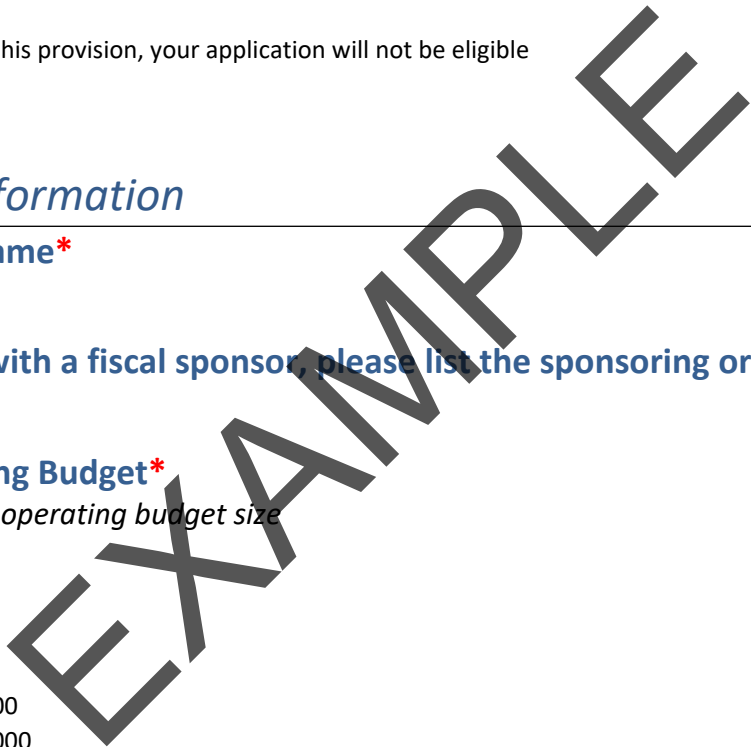
Please only enter numbers. (Example: 1205927043). Note: if you are using a fiscal sponsor, submit their UBI number.

Character Limit: 10

**Federal EIN Number\***

(Example: 12-8472759). Note: if you are using a fiscal sponsor, submit their EIN number.

If you are a church and do not have a Federal EIN, please contact Molly Sanchez at [msanchez@innovia.org](mailto:msanchez@innovia.org) or 509-624-2606.



Character Limit: 15

**What is the zip code for the primary physical organization location?\***

Character Limit: 5

**Does your CEO or Executive Director identify as one of the following:**

**Choices**

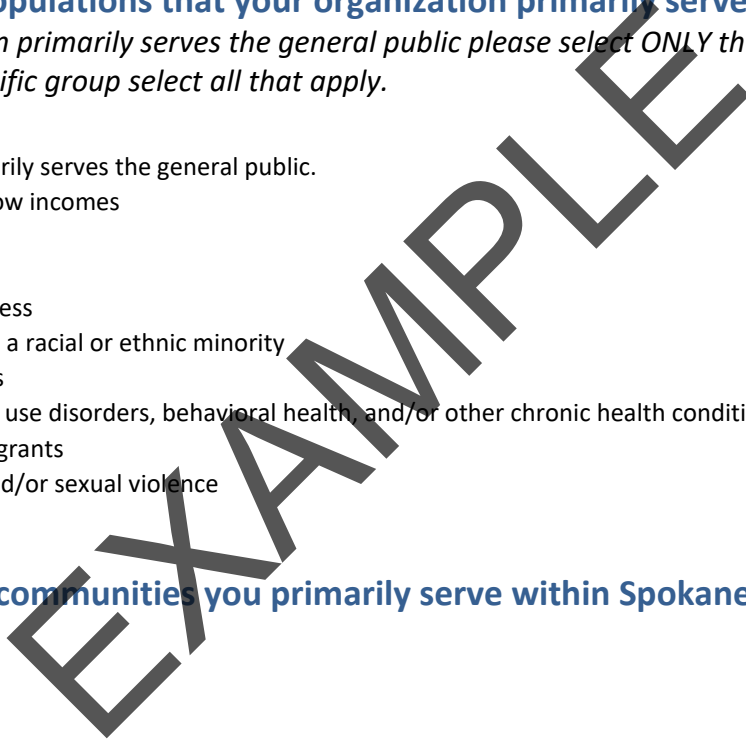
- Multi-ethnic
- Tribal member
- Veteran
- Woman
- LGBTQ+

**What are the populations that your organization primarily serves?\***

*If your organization primarily serves the general public please select ONLY that. If it primarily serves a more specific group select all that apply.*

**Choices**

- My organization primarily serves the general public.
- People/families with low incomes
- Elderly
- LGBTQ+
- People who are homeless
- People who identify as a racial or ethnic minority
- People with disabilities
- People with substance use disorders, behavioral health, and/or other chronic health conditions
- Refugees and/or immigrants
- Victims of domestic and/or sexual violence
- Other



**Choose up to 5 communities you primarily serve within Spokane County.\***

**Choices**

- Airway Heights city
- Cheney city
- Country Homes CDP
- Deer Park city
- Fairfield town
- Fairwood CDP
- Four Lakes CDP
- Green Bluff CDP
- Latah town
- Liberty Lake city
- Mead CDP
- Medical Lake city
- Millwood city
- Otis Orchards-East Farms CDP
- Rockford town
- Spangle city

Spokane city  
 Spokane Valley city  
 Town and Country CDP  
 Unincorporated county  
 Waverly town

## COVID-19 Impact

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### Number of FTE employees as of March 1, 2020\*

*\*(full time and/or equivalent part time employees)*

Character Limit: 20

### Number of FTE employees as of April 30, 2020\*

*\*(full time and/or equivalent part time employees)*

Character Limit: 20

### Number of FTE employees as of June 30, 2020\*

*\*(full time and/or equivalent part time employees)*

Character Limit: 20

## Financial Impact

Instructions: You will need to complete the Calculation Template to generate responses to the following four questions.

1. Click this link <https://innovia.org/wp-content/uploads/2020/07/Financial-Worksheet-OPENTogether.xlsx> download the Calculation Template.
2. Save the template to your computer.
3. Complete the information on each of the four sheets/tabs and enter the responses in the appropriate field of the application.
4. In addition, you will be required to upload a copy of your completed template.

### Sheet/Tab 1. COVID-Related Expenses 3/1/20 - 6/30/20\*

*What were the organization's incurred expenditures from March 1 through June 30, 2020 that were necessary expenses to respond to the COVID-19 public health emergency? Enter this amount from Sheet/Tab 1 of the Calculation Template.*

Character Limit: 20

### Sheet/Tab 2. COVID-Related Net Losses 3/1/20 - 6/30/20\*

*What is the total net loss the organization has experienced as a disruption in income from March 1 through June 30, 2020 due to COVID-19 related business interruptions, including*

*closures or social distancing requirements? Enter this amount from Sheet/Tab 2 of the Calculation Template.*

*Character Limit: 20*

### **Sheet/Tab 3. Projected Future Expenses 7/1/20 - 12/31/20\***

*What are the total additional expenditures your organization **projects** incurring from July 1 through December 31, 2020 that will be necessary expenses to respond to the COVID-19 public health emergency? Enter this amount from Sheet/Tab 3 of the Calculation Template.*

*Character Limit: 20*

### **Sheet/Tab 4. Projected COVID Net Losses 7/1/20 - 12/31/20\***

*What is the total additional net loss your organization expects to experience from July 1 through December 30, 2020 due to COVID-19 related business interruptions, including closures or social distancing requirements. Enter this amount from Sheet/Tab 4 of the Calculation Template.*

*Character Limit: 20*

### **Calculation Template Upload\***

*Upload the completed Calculation Template here.*

*File Size Limit: 5 MB*

### **Did your organization receive federal Paycheck Protection Program funding?\***

#### **Choices**

Yes

No

### **Loan Size Amount:**

*If you received federal Paycheck Protection Program funding, please enter the amount:*

*Character Limit: 20*

### **Has your organization received any additional federal, state or local COVID financial assistance?\***

#### **Choices**

Yes

No

### **Amount of other federal, state or local assistance received**

*Note: Grant or forgivable funds.*

*Character Limit: 20*

## Additional Information

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### Request Amount\*

*This program will fund up to \$10,000 for eligible organizations. Please indicate the amount you are requesting.*

*Character Limit: 20*

### If approved for funding, how would you use grant dollars?\*

*Note: The CARES Act explicitly states that expenditures and losses cannot be covered by multiple funding mechanisms. If receiving one of the listed awards in addition to a grant from this fund you may be required to return one of the sources to remain in compliance with federal law.*

*See: <https://home.treasury.gov/system/files/136/Coronavirus-Relief-Fund-Frequently-Asked-Questions.pdf> for guidance on eligible expenses*

*Character Limit: 1000*

### How has COVID-19 impacted your organization's programs, services and/or operations?\*

*Character Limit: 1000*

### How does your organization respond to community needs?\*

*Describe the community needs that your organization is meeting with the programs and services you provide. As relevant, feel free to share any community needs data. If other organizations in your service area also address these same needs, please briefly explain how your organization partners with them or otherwise fits into that landscape.*

*Character Limit: 1000*

### How has the work of your organization benefited the community or your clients in recent years?\*

*Describe your organization's track record of impact and accomplishment in delivering programs and services. Please quantify the scale of your impact where possible — such as numbers served or other relevant measures of your reach and success.*

*Character Limit: 1000*

## Supplemental Information

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### Has your organization claimed your Guidestar Profile and completed a Seal of Transparency?\*

#### Choices

Yes

No

**If you have completed the Guidestar Seal of Transparency, please select which level:**

**Choices**

Bronze  
Silver  
Gold  
Platinum

**Future Survey**

Would your organization be willing to be contacted by a third-party to complete an anonymous survey regarding funder support and non-profit capacity need related to COVID-19?

**Choices**

Yes  
No

*Certification*

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**Certification I\***

I certify that I am authorized to submit this proposal on behalf of the organization.

**Choices**

Yes  
No

**Certification II\***

I certify this organization does not unlawfully discriminate with regard to employees, volunteers, delivery of programs or services, or clients served based on age, sex, religion/creed, race, color, national or ethnic origin, sexual orientation, gender identity or expression, disability, marital status, military or veterans status, pregnancy or genetic information.

**Choices**

Yes  
No

**Certification III**

I certify the information provided is accurate and duly reflects the applicant business activities. I attest that, if awarded OpenTogether Non-Profit Grant funding, the award will be used to cover expenses incurred between March 1, 2020 and December 31, 2020 related to business interruption caused by required closures due to the COVID-19 public health emergency. I acknowledge my organization may be asked and may be required to provide receipts or additional documentation for up to two years following the receipt of any grant funding. If any of the expenses paid with grant money are found ineligible according to Federal Treasury or application guidelines, I agree to reimburse Spokane County the full amount of the grant award.



Please Note: By entering data into the next three (3) fields calling for insertion of your Name, Title, and Date, you are:

- (1) representing that you are an officer or other agent duly authorized to enter into legally binding agreements
- (2) agreeing to submit this grant application in an electronic form which shall be bound by its contents as an electronic transaction
- (3) agreeing that your insertion of data into these following fields constitutes an electronic signature.

**Name\***

*Character Limit: 250*

**Title\***

*Character Limit: 150*

**Date\***

*Character Limit: 10*

**As a reminder, clicking on the SUBMIT button at the end of the application will submit your application and your application becomes locked to edits. Clicking SAVE will allow you to continue to work on your application. IF YOU DO NOT RECEIVE AN EMAIL CONFIRMATION, YOUR APPLICATION HAS NOT BEEN SUCCESSFULLY SUBMITTED.**

EXAMPLE