



# AMERICAN RESCUE PLAN ACT APPLICATION

Organization Name: \_\_\_\_\_

Registered Federal Tax-Exempt ID Number: \_\_\_\_\_

Executive Director/CEO Name: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Contact Person Title: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Affiliated with a "parent" organization or fiscal sponsor?  Yes  No

If yes, name of parent organization: \_\_\_\_\_

Preferred method of contact?  Business Phone  Cell Phone  Email

Please provide if not listed above: \_\_\_\_\_

Number of employees:

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

## GRANT REQUEST

**Non-Profit Assistance:**  
Specify amount requested \$ \_\_\_\_\_  
(from \$5,000-\$24,999):

Headquartered/Office in the City of Riverside?  Yes  No

Located within Qualifying Census Tract?  Yes  No

Negatively Economically Impacted due to COVID-19?  Yes  No

Been in operation prior to March 1, 2021?  Yes  No

Submit this completed application with the following:

Current 501(c)(3) or 501(c)(19) IRS Final Determination Letter

A copy of Organization's operating budget (current calendar or fiscal year)  
Include any funds from a Community Development Block Grant, City Arts Grant Program, Sponsors or in-kind contributions, etc.

Current City of Riverside Business License  
May apply or renew license at: [www.RiversideCA.gov/finance/license.asp](http://www.RiversideCA.gov/finance/license.asp)

**Describe intended use of grant funding (Check all the apply and please describe):**

- Organizational Services: \_\_\_\_\_
- Contract Labor: \_\_\_\_\_
- Supplier Payments: \_\_\_\_\_
- Rent Payments: \_\_\_\_\_
- Lease Payments: \_\_\_\_\_
- Technology: \_\_\_\_\_
- PPE, Sanitation Supplies & Equipment: \_\_\_\_\_
- Utility Payments: \_\_\_\_\_
- Equipment: \_\_\_\_\_

**Describe how COVID-19 has affected your organization and/or the community you serve. Please be specific and details with the information you provide (e.g. loss of revenue from fundraisers, laid-off number of employees, purchase of technology, etc.).**

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email application and supporting documents to [SpecialEvents@RiversideCA.gov](mailto:SpecialEvents@RiversideCA.gov)**