

NASH COUNTY NON-PROFIT CORONAVIRUS RELIEF FUND

In March 2020, the [CARES Act](#) was passed to support the public with navigating the current COVID-19 pandemic. With its establishment, the CARES Act also established the Coronavirus Relief Fund (CRF) and appropriated \$150 billion to the Fund. The CRF is to be used to make payments for specified uses to States and certain local governments. On May 4, Governor Cooper signed [Session Law 2020-4](#) and a subsequent bill ([HB 1023](#)) to appropriate \$300 million to 97 counties based on population size. Nash County received funds based on this allocation. In an effort to support Nash County's nonprofits as they adapt to the challenges of the COVID-19 pandemic, the Nash County Manager's Office has adopted a CRF reimbursement process to reimburse nonprofits in Nash County for eligible COVID-19 related expenses up to \$2,000 per agency.

CARES Act Requirements for CRF

The CARES Act provides that reimbursements from the CRF to nonprofits must meet the following requirements:

1. Are **necessary expenditures** incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19) and
2. Were incurred during the period that begins on **March 1, 2020, and ends on December 30, 2020.**
3. This program can provide reimbursement up to \$2,000 per agency for supplies that assist in social distancing and healthy practices.

Acceptable public health expenses such as the acquisition of personal protective equipment and other medical supplies, disinfection of public areas and facilities and other expenses for public safety measures.

4. Funds are provided on a reimbursement basis. All agencies must complete the application and submit copies of invoices and receipts for all items they wish to seek reimbursement for at time of submission.

For information, contact Emily Moore with Nash County Economic Development at 252-462-2027

Application:

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| SECTION 1 | | | |
| This section of the application is to be completed by the APPLICANT. Complete within the form, as the space will expand as more information is added. | | | |
| APPLICANT INFORMATION | | | |
| Applicant Name | | Name of Business | |
| Street Address | | City, State and Zip | |
| Mailing Address | | | |
| Contact Person & Title | | Phone + Ext | |
| Email Address | | Fax | |
| Company website | | # of years in business | |
| Service Area Outcome | ___ Access to safe, affordable and stable housing ___ Low/moderate income adults moving towards self-sufficiency and financial stability ___ Access to food ___ Improved outcomes for children/youth living in poverty ___ Improved access to comprehensive health care Other: _____ _____ _____ | Tax Status of Business | <input type="checkbox"/> Non-profit <input type="checkbox"/> Other _____ |



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| <p>Service Description: Please briefly describe your organization's primary services and how your organizations services are addressing the impacts of COVID-19 in Nash County</p> | |
| <p>Population Served: Please describe the primary population served by your agency during COVID-19.</p> | |

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| <p>SECTION 3</p> | | |
| <p>FINANCIAL NEED</p> | | |
| <p>Total cost of reimbursement request</p> | <p>\$</p> | |
| <p>Request Description: Please describe the expenses you are requesting for reimbursement:</p> | | |

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| <p>SECTION 4</p> | |
| <p>For all reimbursements request, please scan or copy invoices that demonstrate proof of prior purchase that meet the criteria for funding. These must be submitted with the application.</p> | |



Nash County North Carolina
 Application for Non-Profit Coronavirus Relief Funds

All agencies applying for CRF reimbursement will be required to provide invoices of expenses made in at the time of the submittal of the reimbursement application to align with monitoring requirements as outlined by Uniform Guidance (2 C.F.C. Part 200). Any agency approved for reimbursement will be required to submit two monthly reports and one final report to Nash County about CRF reimbursements received per State requirements on use of funds. If the agency misuses or mishandles these funds, the agency will be required to reimburse Nash County.

The Executive Director must type their name below to signify agreement with these terms and approval of this application's submission. If the application is being completed by someone other than the Executive Director, use the collaborate button at the top to email it to them so they can type their name and submit the application.

Executive Director Name:

Executive Director Signature:

| FOR INTERNAL USE ONLY | | | |
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| Project Location | | | |
| Date Application Received: | | Date Application Complete: | |
| Reviewed By: | | Date: | |
| Approved By: | | Date: | |