Important Information

**ABOUT THE FUND:**

* The Greater Flint Urgent Relief Fund has been established by a coalition of philanthropic, government and business partners to quickly coordinate and deploy resources to nonprofit organizations in the Greater Flint area that are working with communities disproportionately affected by the coronavirus outbreak.
* The Greater Flint Urgent Relief Fund will prioritize funding for organizations in the Community Foundation of Greater Flint’s service area – Genesee County.
* The three fund priorities are:
* Assisting with immediate and anticipated direct service needs/gaps
* Maintaining or expanding internal operations and infrastructure for critical nonprofits
* Support costs associated with additional volunteer capacity as needed in this time of crisis

**REQUIRED BASIC ELIGIBILITY CRITERIA:**

* To be selected for funding, applicants must be legally incorporated with IRS 501(c)3 status or be a governmental or religious organization with a clear, charitable purpose.
* This fund does not grant to individuals.
* Funds cannot be used for partisan efforts.

**RESOURCES:**

* [CDC COVID-19](https://www.cdc.gov/coronavirus/2019-ncov/index.html)
* [[Greater](https://www.cfgf.org/Our-Work-Impact/Current-Initiatives/Greater-Flint-Urgent-Relief-Fund) Flint Urgent Relief Fund](https://www.cfgf.org/Our-Work-Impact/Current-Initiatives/Greater-Flint-Urgent-Relief-Fund)

**SUBMISSION:**

* Applications are reviewed on an ongoing basis.
* Completed applications can be submitted to [relieffund@cfgf.org](mailto:relieffund@cfgf.org)
* Questions can be directed to: Stephanie Whitledge, Grants Administrator, at   
  810-767-3505 or [swhitledge@cfgf.org](mailto:swhitledge@cfgf.org)

Organization Name:

Contact Name and Title:

Phone:       Email:

Mailing Address:

Project Name:

1. Request Amount:
2. Which of the following priorities will you be addressing?

Assisting with immediate and anticipated direct service needs/gaps

Maintaining or expanding internal operations and infrastructure for critical   
 nonprofits

Support costs associated with additional volunteer capacity as needed in this   
 time of crisis

1. Please describe how will grant funds be used including any programming that you will be providing. (4000-character limit)

     

1. Please describe the target population (e.g. race, age, gender, income level, etc.) (4000-character limit)

1. Households with low income levels are more negatively impacted during times of disaster and grant dollars received from this fund will be going towards those most impacted.

Yes

No (Please describe):

1. Please describe any partnerships that are critical to the successful delivery of the program (4000-character limit)

1. Is your organization participating in the Community Care Task Force – Genesee County Emergency Operation Center Strategy?

Yes

No

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **BUDGET** | | | | | | | | | | | |
| Organization: | | | | | | | | | | |  | | | | | | |  | |  | |  | |  | |
|  | | | | | | | | | | |  | | |  |  |  |  | |  | |  | |  | |
| Project Name: | | | | | | | | | | | | |  | | | | | | | | | | | | | |  |  |  |  |
|  |  |  | |  |  |  |  |  |  |
| ***Expenses:*** *Include a* ***description and the total amount*** *for each line item.* | | | | | | | | | | | |
|  |  |  | |  |  |  |  |  |  |
| Expense Type | Amount Requested | Total Project Expenses | Description / Comments | | | | | | | |
| Salaries |  |  |  | | | | | | | |
| Fringe benefits |  |  |  | | | | | | | |
| Travel |  |  |  | | | | | | | |
| Supplies |  |  |  | | | | | | | |
| Admin |  |  |  | | | | | | | |
| Other (Specify) |  |  |  | | | | | | | |
| Other (Specify) |  |  |  | | | | | | | |
| Other (Specify) |  |  |  | | | | | | | |
| Total Expenses |  |  |  | | | | | | | |