



## 2020 Community CARES Stabilization Grant Application

*This is a copy of the application content and is intended for reference purposes only.  
The final display may vary.*

### Introduction

Si necesita esta página en español, abra esta página en Google Chrome y siga estas instrucciones:

<https://support.google.com/chrome/answer/173424?co=GENIE.Platform%3DDesktop&hl=es-419>

Charitable organizations and care providers across the state have been struggling in the wake of COVID-19. The Community CARES Stabilization Grant offers organizations working capital of at least \$12,000 to help them cover operating expenses. This will enable our charities and licensed/certified providers to continue serving Nebraska's children, families, and communities. Preference will be given to organizations located in areas of high poverty and areas disproportionately impacted by COVID-19.

ELIGIBILITY 1. Who is eligible:

- A. Charitable organization, tax-exempt under section 501(c)(3) of the Internal Revenue Code
- B. State of Nebraska-licensed health facility or services provider included in the categories below, with an active license issued by the Nebraska Department of Health and Human Services:
  - a. Adult Day Services
  - b. Assisted-Living Facilities

- c. Centers for the Developmentally Disabled
- d. Child Placing Agencies
- e. Children's Day Health Services
- f. Health Clinics
- g. Hospice Services
- h. Intermediate Care Facilities for Persons with Developmental Disabilities
- i. Mental Health Substance Abuse Treatment Centers
- j. Residential Child-Caring Agencies
- k. Rural Health Clinics\*
- l. Respite Care Services

C. Community-Based Developmental Disability Agency, certified by the Nebraska Department of Health and Human Services.

Ineligible: • Units of local government and tribal governments • Hospitals • Federally Qualified Health Centers • Regional Behavioral Health Authorities • Child care providers

2. The applicant must currently be organized and operating in Nebraska

3. The applicant must serve children, families, or communities in service of the DHHS mission: to help people live better lives

#### USE OF FUNDS

Eligible uses of Community CARES Stabilization Grant funding include any operational expenses for continuing a business' operations.

## **Applicant Information**

### **Contact Information**

Name (as shown on your income tax return) \*

Is your business name the same as the name above?\*

Legal Name of Business \*

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Yes

No

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Address Line 1 \*

Address Line 2

City \*

County \*

State \*

Postal Code \*

Phone Number (000-000-0000) \*

Email Address \*

Business Website URL

Authorized Contact Person First Name \*

Authorized Contact Person Last Name \*

Authorized Contact Person Title \*

Authorized Contact Person Phone Number  
(000-000-0000) \*

Authorized Contact Person Email Address \*

Select from application drop-down list.

Select from application drop-down list.

## Business Details

Withholding FEIN (00-0000000) \*

State ID (Nebraska Employer Number) \*

DUNS Number \*

Business NAICS Code \*

Type of Organization \*

Select from application drop-down list.

Charitable Organization

NE-Licensed Provider

- Community-Based Developmental Disability Agency, certified by the Nebraska Department of Health and Human Services
- Charitable Organization And NE-Licensed Provider

*If Charitable Organization, Please Upload IRS Documentation \**

State of Nebraska Department of Health and Human Services License/Certificate Number or Provider ID \*

Please specify your license type \*

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*Select from application drop-down list.*

If Charitable Organization, Please Provide IRS Documentation \*

Choose File

State of Nebraska Department of Health and Human Services License/Certificate Number or Provider ID \*

Please specify your license type \*

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*Select from application drop-down list.*

Business Type \*

- Individual
- Sole Proprietor
- C-Corporation
- S-Corporation
- Partnership
- Trust/Estate
- Non-Profit Entity
- Limited Liability Company (LLC)
- Single Member LLC

State of incorporation \*

Select from application drop-down list.

How long in business? \*

- Less than 3
- More than 3 years

Are you a certified minority owned business?

- Yes
- No

Please describe the type of work your organization performs. \*

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## Attachments

*If a Charitable Organization, upload for 501(c)(3)*

Choose File

*If incorporated, upload NE Secretary of State Registration Certificate*

Choose File

*If a Certified Minority Owned Business, Upload Documentation of Certification \**

Choose File

## COVID-19 Effect on Business

1. Please Identify COVID-19 Effect on Revenue \*

2019 Total Annual Gross Revenue

Did you lose revenue/income after March 13, 2020 due to COVID-19? \*

- Yes
- No

Please estimate the share of total revenue/income lost due to COVID-19 since March 13, 2020 \*

- No Impact
- 1% to 50%
- 51% to 75%
- 76% to 100%
- More than 100%

2. Please Identify COVID-19 Effect on Expenses

Did you incur increased expenses after March 13<sup>th</sup>, 2020 due to COVID-19?

- Yes
- No

Please estimate the percentage of expenses increased due to COVID-19 since March 13, 2020

- No Impact
- 1% to 50%
- 51% to 75%
- 76% to 100%
- More than 100%

3. Please describe overall COVID-19 effect on applicant business

\_\_\_\_\_

4. Please describe how the Community CARES Stabilization grant will be utilized.

\_\_\_\_\_

**Bank Information**

Name of Financial Institution \*

\_\_\_\_\_

Account Type \*

- Checking
- Savings

Name on Account \*

\_\_\_\_\_

Account Number \*

\_\_\_\_\_

Routing Number \*

\_\_\_\_\_

Certification Statement \*

I hereby certify that I authorize the Nebraska Department of Revenue to release certain tax return information necessary to process this application to the Nebraska Department of Health & Human Services.

## Terms and Conditions

Grantee will comply with all applicable federal law, regulations, executive orders, policies, procedures, and directives. Grantee will use funds awarded to it consistent with, and only for purposes authorized by: the CARES Act (Public Law No. 116-136); 31 U.S.C. §§ 7501-7507; 2 C.F.R. § 200.303; 2 C.F.R. § 200.330-332; 2 C.F.R. 200 Subpart F; the Hyde Amendment, which specifically prohibits the use or expenditure of any federal funds authorized or appropriated by federal law or grant for abortions or abortion services; or any other applicable federal or state law, regulation or guidance.

Terms & Conditions

*Available in English or in Spanish.*

Please read the Grant Agreement Requirements and Conditions and accept the certification terms \*

I acknowledge that I have read, and do hereby accept, the Grant Agreement Requirements and Conditions contained in this online application.

Please type First and Last Name \*

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Date Signed \*

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## For Further Questions

Information about Community CARES Stabilization Grant and information about how to apply can be found here: <http://dhhs.ne.gov/Pages/COVID-19-Community-CARES.aspx>

Agency Contact Number -- (833) 220-0018