

APPLICATION

EMERGENCY FUND FOR 501(C)3 NONPROFITS

AIDING NEWARK RESIDENTS IMPACTED BY COVID-19

Email the completed application to Newark Department of Economic & Housing Development at nonprofitgrant@ci.newark.nj.us with **501(c)(3) Non-Profit Grant** on subject line.

The grant administrator will analyze your submissions to determine the extent of economic damage or shortfall suffered by your organization. As such, please provide complete and relevant information. Please rest assured that the grant administrator will not publish your propriety information. All respondents will receive a decision regarding funding and level of awards from the grant administrator within two weeks of submitting a complete application.

Application

1. Does your organization have a physical location in the City of Newark?
 - ☐ Yes
 - ☐ No

2. Does your organization have 501(c)(3) status? (*Proof of status must be provided in application's submittal.*)
 - ☐ Yes
 - ☐ No

Only proceed to the next set of questions, if you answered Yes to questions 1 and 2.

3. How many staff members does your organization employ?
 - ☐ 1-5
 - ☐ 6-10
 - ☐ 11-15
 - ☐ 16-20
 - ☐ 20+

4. Which demographic does your organization normally serve? (*check more than one, if applicable*)
 - ☐ Individuals
 - ☐ Families
 - ☐ Children
 - ☐ Seniors
 - ☐ Homeless
 - ☐ Other _____

5. In which City ward does your organization concentrate its services? (*check more than one, if applicable*)

- ☐ East Ward (Ironbound)
- ☐ Central Ward
- ☐ North Ward
- ☐ South ward
- ☐ West Ward
- ☐ Throughout the whole City

6. Has the population typically served by your organization changed since COVID-19 pandemic?

- ☐ Increased
- ☐ Somewhat increased
- ☐ Decreased
- ☐ Significantly decreased
- ☐ Has remained the same

7. What services/programs has your organization provided to aid residents during the COVID-19 pandemic?

- ☐ Financial assistance
- ☐ Housing
- ☐ Food
- ☐ Educational assistance
- ☐ Supplies for mothers and/or babies
- ☐ Job loss assistance
- ☐ Other _____

8. Briefly explain how your organization has directly serviced Newark's communities through the COVID-19 pandemic.

9. Explain how your organization has created and/or expanded supportive services to individuals and/or local communities through programs uniquely responsive to COVID-19.

10. Is there anything else you would like us to know?

11. Accurate Information

☐ I certify that the foregoing statements made by me are true. I am aware that if any of the statements made by me are willfully false or designed to defraud, the City of Newark shall have the right to demand full and immediate repayment of the grant funds.

12. Supporting Documents

Please upload required statements, as required in the first page. The documents can be uploaded in the following forms: PDF, DOC, DOCX, PNG, JPG, JPEG, and GIF files.

13. By signing below, I certify all information provided herein or attached is true and correct to the best of my knowledge.

Signature

Date

Thank you for your time and interest in this grant opportunity.

We will not be able to provide prompt responses to requests made through this page. If you need immediate assistance, please visit the City of Newark's website at www.newarknj.gov or the City of Newark's COVID-19 website at <https://newarkcovid19.com/home> or contact the Department of Economic & Housing Development at nonprofitgrant@ci.newark.nj.us with **501(c)(3) Non-Profit Grant** on subject line.

This grant has been advertised on the City of Newark's website, the Star Ledger and similar local newspapers, and through our community partners.