



SAMPLE OF SECTION B APPLICATION
DO NOT FILL IN THIS PDF FORM, PLEASE USE
ONLINE APPLICATION ONLY.

Berkshire County COVID-19 Adaptation Fund

Program Details

Please read the following information CAREFULLY before applying:

The Berkshire County COVID-19 Adaptation Fund is divided into two Sections:

Section A

This program will provide cash grants to small for-profit and non-profit businesses in Berkshire County to reimburse fixed debt, payroll, accounts payable, documented lost sales, and other working capital expenses during the COVID-19 pandemic.

PLEASE NOTE: applicants to Section A should use the following form to apply: <https://form.jotform.com/201963478283161>

Section B

This program will provide grants of up to \$15,000 to established non-profit organizations to support technical assistance efforts directed at populations impacted economically by COVID-19. Priorities for funding will include those projects which impact youth and families, facilitate clinical support to individuals, assist immigrant populations, OR provide assistance with basic needs such as housing, utilities or food access.

Further information for Section B:

Applicants for support of technical assistance programs must meet the following criteria:

1. Applicants must be a non-profit organization physically located in Berkshire County, Massachusetts.
2. Applicants must have been in proven operation since January 1, 2020.

Eligible program expenses must have occurred on or after July 1, 2020. While some projects may be ongoing, all Adaptation Fund awards must be spent by June 1, 2021, with brief close-out reports provided to Berkshire Regional Planning Commission by June 15, 2021.

Applications are due by 5pm on Monday, January 11th, 2021.

Before moving on, please ensure that you have carefully reviewed the content above.

I have read and understand the above description of program rules.

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Applicant Information

Non-Profit Organization Name

Main Contact Name

Prefix First Name Middle Name Last Name

Main Contact Email

example@example.com

Primary Phone Number of Main Contact

Area Code Phone Number

Alternate Phone Number of Main Contact

Area Code Phone Number

Physical Location

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

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Organization Details

Applicants must have been in operation since at least January 1, 2020 to apply. On what date did your non-profit organization begin operating?

Date:

 

Month Day Year

For statistical purposes, please tell us if the organization is (please check all that apply):

- Minority-owned/managed
- Veteran-owned/managed
- Women-owned/managed
- LGBTQ-owned/managed
- Disability-owned/managed
- Other minority status of business owner(s)/manager(s)

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Program Description

Please provide a detailed description of the technical assistance program your organization is offering or will offer with the support of these funds:

Is this project:

- Currently in operation
- Not yet in operation
- No longer in operation/complete
-

On what date did this program begin/will this project begin:



While some projects may be ongoing, all Adaptation Fund awards must be spent by June 1, 2021, with brief close-out reports provided to Berkshire Regional Planning Commission by June 15, 2021. Please indicate your organization's ability to comply with these timelines:

Our project will be complete, with the full Adaptation Fund award spent, by June 1, 2021.

Our project will be ongoing, but we will spend the full Adaptation Fund Award by June 1, 2021.

If this project began prior to receipt of Adaptation Fund support, will it continue and/or expand between January and June of 2021?

Yes

No

Please estimate the number of recipients this project will benefit:

Please describe the intended population for this project:

What is the geographic impact area for this project?

Will Adaptation Fund support be combined with other funding from other sources for this proposed project?

Yes

No

If yes, please describe other sources of support for this program:

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File uploads

Without a clear understanding of your program budget, we will be unable to consider your application for grant funds. Please upload a detailed budget below.

Do **not** include expenses prior to July 1, 2020. Please notate any expense for which you have been or will be reimbursed or compensated for through other grant or financial assistance source(s).

What is the total dollar amount you are requesting (maximum of \$15,000)?

Please provide an explanation of your budget here:

optional

If less than \$15,000 is made available to your project, would you be able to scale it in order to achieve impactful results for a potentially smaller pool of recipients?

Yes

No

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Certifications and Submission

The information provided in this application will be reviewed by members of a grant review team, and will be shared upon request with the funder, and will otherwise be kept confidential.

You will be notified and provided with guidance if your application is incomplete or if the expenses you have submitted are ineligible.

I agree that the information herein are true and correct.

Yes

Submit my application