

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: <u>https://form.jotform.com/201963478283161</u>

#### 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.

## Berkshire County COVID-19 Adaptation Fund





## Non-Profit Organization Name

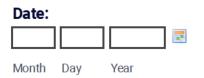
Main Contact Name								
Prefix First Name	Middle Name Last Name							
Main Contact Email								
example@example.com								
Primary Phone Num	ber of Main Contact							
Area Code	Phone Number							
Alternate Phone Nu	mber of Main Contact							
Alternate Phone Nu	mber of Main Contact							
Alternate Phone Nur Area Code	mber of Main Contact							
Area Code								
Area Code								
Area Code Physical Location								
Area Code Physical Location								
Area Code Physical Location Street Address								
Area Code Physical Location Street Address								

Postal / Zip Code

## Berkshire County COVID-19 Adaptation Fund

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?



#### 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)

#### **Berkshire County COVID-19 Adaptation Fund**

**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:

O Currently in operation

O Not yet in operation

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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:

0
Our project will be complete, with the full Adaptation Fund award spent, by June 1, 2021.
0
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?

O Yes		
O No		
$o\Box$		

## Please estimate the number of recipients this project will benefit:

#### Please describe the intended population for this project:

**1** 

## 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?

O No

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Y	es

lf y	/es,	please	describe	other	sources o	of sup	port	for t	his	prog	ram:



## Berkshire County COVID-19 Adaptation Fund

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)?

0.00

#### 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?

JotForn

O Yes		
O No		
0		

## Berkshire County COVID-19 Adaptation Fund

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

