

The Hopi Tribe

COVID-19 NON-PROFIT ORGANIZATION CRF APPLICATION

This Application is provided by the Hopi Tribe (“Tribe”) to non-profit organizations (Organizations) seeking federal financial assistance through the Hopi Tribe Coronavirus Relief Fund (“CRF”) Organization Program. The program is being offered to assist Organizations serving Tribal members that have encountered additional needs to assist members due to COVID-19 and its effects on the community. Complete the Application and submit to the CARES Act Committee at GPovatah@hopi.nsn.us. Applications will be accepted beginning **August 11th, 2020** and will continue to be accepted and reviewed on a rolling basis to address ongoing or evolving needs.

Organizations can only be awarded funds for expenditures that meet the following criteria:

1. Necessary expenditures incurred due to the public health emergency with respect to the Coronavirus disease 2019 (COVID-19);
2. Were not accounted for in the budget most recently approved as of March 27, 2020 (the date of enactment of the CARES Act);
3. Were incurred during the period that begins on March 1, 2020 and ends on December 30, 2020.

1. Basic Information

Name of Organization: _____ EIN#: _____

Street or Mailing Address: _____ DUNS#: _____

City/State/Zip Code: _____

If the Organization has a fiscal sponsor, provide the following information.

Name of Fiscal Sponsor: _____ EIN#: _____

Street or Mailing Address: _____ DUNS#: _____

City/State/Zip Code: _____

2. Organization/Fiscal Sponsor

<u>Position</u>	<u>Name</u>	<u>Contact Phone</u>	<u>Contact Email</u>
Board Chair			
Vice Chair			
Treasurer			
Secretary			

Executive Director			
Business Manager			
Other Point of Contact			

3. The Committee will review applications that address community needs in the following broad categories. Check the categories for which you are applying:

- Family Direct Response Needs \$ _____
- Health & Medical Services Response Needs \$ _____
- Community Infrastructure Capacity Building \$ _____
- Home Safety & Energy Efficiency \$ _____
- Food Security & Food Access \$ _____
- Business Operations & Economic Recovery \$ _____
- Education & Child Care Services \$ _____

Funds may be awarded for you to provide direct non-cash assistance or for projects that are expected to benefit your stakeholders by December 30, 2020. Provide attachments to this application that are organized as follows for each initiative:

- A. Narrative Project Description(s): How does the project address COVID-19 Response?
- B. Implementation Plan: Persons Responsible > Beginning Date > Completion %'s as of June 30, 2020 and September 30, 2020 > Completion Date
- C. Key Partnerships & Collaborators
- D. Other Funding Sources (with a comparative budget including a column of other sources for each awarding entity)
- E. Detailed Budget & Budget Narrative: identify program spending category for each item
- F. Cost Reimbursement: If cost reimbursement is requested concurrent with this application, attach any receipts with justifications for COVID-19-related expenditures incurred to date.

G. Type(s) of Assistance Requested:

- Cost Reimbursement
- Direct Payments by Tribe
- Funds Transfer for Village to Administer

- Provide the total amount requested in this application: \$ _____
- Describe any other information that may assist the CARES Act Committee in awarding assistance:
- _____

ANY FUNDS RECEIVED UNDER THE HOPI TRIBE CRF NON-PROFIT ORGANIZATION PROGRAM MAY NOT BE USED CONTEMPORANEOUSLY WITH FUNDS RECEIVED UNDER THE CARES ACT THROUGH THE PAYCHECK PROTECTION PROGRAM, NOR MAY THE SAME COSTS BE CLAIMED FROM BOTH THE CRF NON-PROFIT ORGANIZATION PROGRAM AND OTHER FEDERAL FUNDING.

4. Additional Required Information:

- Attach the Articles of Incorporation or similar formation document(s) to the application.
- Attach the IRS Determination Letter regarding non-profit status.
- Attach Board resolutions regarding Board Executives to the application.
- If the above items are not available, attach a letter of support from a fiscal sponsor.

I _____ hereby certify that the above information is true and correct and, if requested by the Hopi Tribe, can provide documentation in support of this information.

Name and Signature

Date

Title

<i>For Committee Use Only</i>	
Date Received: ___/___/___	Date Processed: ___/___/___
Processed By: _____	