Utah Nonprofit Request for Funding Assistance during COVID-19

Introduction
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Due to COVID-19's impact on nonprofits around the state of Utah, UServeUtah, in partnership with the Utah Nonprofits Association has established this grant to assist nonprofits during the pandemic.

Grants will be awarded for up to $5,000. Grant allocations will be determined by UServeUtah Board of Commissioners in partnership with the Utah Nonprofits Association. Eligible uses include but are not limited to; working capital to support payroll expenses, rent, mortgage payments, utility expenses, or other similar expenses that occur in the ordinary course of operations.

Please complete this form to provide information about your nonprofit and the impact that COVID-19 is having on your organization.

Thank you for all that you do to serve Utah communities and individuals.

Q1 What is the name of your organization?

_____

Q2 What is your organization's Annual Budget?

Please select from the following:

○ Less than 50,000 (1)

○ 50,000 to 150,000 (2)

○ 150,000 to 300.000 (3)

○ 300,000 to 500,000 (4)

○ 500,000 to 1,000,000 (5)

○ 1,000,000 or above (6)

✱

Q3 Please provide a summary of your nonprofit's mission and history (2,000 character limit).

_____

_____

_____

_____

_____

✱

Q4 Please provide a description of your nonprofit's key contributions to Utah communities and individuals (2,000 character limit).

_____

_____

_____

_____

_____

Q5 Nonprofit Federal Employer Identification Number (EIN):

_____

✳

Q6 How has COVID-19 impacted your nonprofit's day-to-day operations? (2,000 character limit)

_____

_____

_____

_____

_____

✳

Q7 How has COVID-19 impacted your nonprofit's funding streams? Please identify any gap areas that other secured funding may not cover. (2,000 character limit)

_____

_____

_____

_____

_____

Q8 Provide a description of funding needs and dollar amount requested in the right hand column. The total on the bottom right-hand will represent the amount of your request.

Need 1 : _____ (1)

Need 2 : _____ (2)

Need 3 : _____ (3)

Need 4 : _____ (4)

Need 5 : _____ (5)

Total : _____

Q9 Please indicate the number of months of cash reserves your organization has available.

○ 0 (4)

○ 1 month (5)

○ 2 months (6)

○ 3 months (7)

○ 4 or more (8)

Q10 Has your nonprofit applied for any other emergency funding?

○ Yes (1)

○ No (2)

Display This Question:

If Has your nonprofit applied for any other emergency funding? = Yes

Q11 Please describe any other emergency funding your organization has applied for including the amount requested, amount received, and the purpose these funds will be used for.

_____

_____

_____

_____

_____

Q12 Contact's First Name:

_____

Q13 Contact's Last Name:

_____

Q14 Contact's Relationship to the Nonprofit (CEO, Board Member, Staff, etc.):

_____

Q15 Contact Email Address:

_____

Q16 Contact's (or the Nonprofit's) Phone Number:

_____