



## Community Charitable Relief Program Grantee Application

Please submit this form and required documentation to [BLR01@ccgov.net](mailto:BLR01@ccgov.net) no later than 5:00 p.m. December 28, 2020. A Special Meeting will be scheduled for December 29, 2020

**SUBMIT ONLY ONE FORM PER CHARITABLE ORGANIZATION. FOR EXPENSES FROM MARCH 19, 2020-DECEMBER 30, 2020. Please attach any relevant documents to support your request. You must attach a signed Grantee Certification Form with each application submitted.**

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person Name, Telephone and Email Address: \_\_\_\_\_

Briefly describe your situation as it relates to COVID-19. How has the pandemic affected your operations? \_\_\_\_\_

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### FILL OUT THIS SECTION FOR CHARITABLE EXPENDITURES REQUEST

You could apply for reimbursement of charitable expenses if your organization provided a good or service for persons impacted by COVID-19 within Campbell County, as long as such good or service was provided at no cost to the recipient. For more information, see Section 7 (A) and (B) of the rules.

Amount Requested: \_\_\_\_\_

Brief Description of Eligible Expenditures to be Covered by the Request:

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**FILL OUT THIS SECTION FOR CHARITABLE ORGANIZATION OPERATIONAL COSTS REQUEST**

You could apply for reimbursement of operational costs of providing goods, services, or direct payments to the public within Campbell County in a safe manner, given the health risks caused by COVID-19. For more information, see Section 7 (C) of the rules.

Amount Requested: \_\_\_\_\_

Brief Description of operational costs to be Covered by the Request :

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**FILL OUT THIS SECTION FOR CHARITABLE ORGANIZATION Lost Donations or Other Revenue (section only applicable if Congress extends the deadline for spending under the federal CARES Act.**

You could apply for reimbursements for lost donation revenue or other revenue for a Charitable Organization located in Campbell County. For more information, see Section 8 of the rules.

Amount Requested: \_\_\_\_\_

Brief Description of lost revenue to be Covered by the Request (include information related to fundraiser or lost revenue):

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Having full authority to act on behalf of the Charitable Organization, I hereby certify that all of the above is true and correct:

Name (Printed): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Office Use Only:**

Approved Amount: \_\_\_\_\_ Date Approved: \_\_\_\_\_