



Community Based Organization and Nonprofit Capacity Building Grant Application

Community Based Organization (CBO) and Nonprofit Capacity Building Grant Funds are designed to respond to the negative economic impacts faced by CBO/nonprofit with operations located in Clackamas County to aid in their recovery, resiliency, and sustainability. Nonprofits have faced significant challenges due to increased demand for services and changing operational needs, as well as declines in revenue sources such as donations and fees, all resulting from the pandemic.

As our community continues to recover from the novel coronavirus (COVID-19), Clackamas Women's Services through Clackamas County American Rescue Plan Act Funds available to support CBO's and Nonprofits. These funds can be quickly deployed to meet the capacity needs that persist related to COVID-19.

Applications will be accepted from 501c(3) or 501c(19) CBO's and Nonprofit organizations have operations physically located in Clackamas County; have less than 150 employees at the time of service; and have an operating budget of less than \$20 million; and meet one or more of the following criteria.

A. Impacted Nonprofits

- i. Decreased revenue (e.g., from donations and fees)
- ii. Financial insecurity
- iii. Increased costs (e.g., uncompensated increases in service need)
- iv. Capacity to weather financial hardship
- v. Challenges covering payroll, rent or mortgage, and other operating costs

B. Disproportionately Impacted Nonprofits

- i. Treasury presumes that the following nonprofits are disproportionately impacted by the pandemic:
 - i. Nonprofits operating in Qualified Census Tracts (Clackamas County Qualified Census Tract)
 - ii. Nonprofits operated by Tribal governments or on Tribal lands

***Documentation must be provided for the area in which your organization may qualify, as defined above.**

Additional Information:

Given the limited number of resources, CWS will only be able to fund one request per organization. Any organization receiving CBO and Nonprofit Capacity Building Grant funds from either Clackamas Workforce Partnership or Mercy Corps will be excluded from receiving Capacity Building Grant funds from Clackamas Women's Services. Due to the disproportionate impact of COVID-19 on these populations, priority will be given to Clackamas County CBO's and nonprofits that serve:

- Women
- Black, Indigenous, and People of Color (BIPOC)
- First Nations and Tribal members
- Immigrant and non-native English speakers
- LGBTQ+ identified
- People with Disabilities
- Veterans
- Youth
- Communities impacted by persistent poverty
- Rural communities

Community Based Organizations and Nonprofits interested in receiving Capacity Building and Recovery Assistance Grant funds and/or technical assistance should fill out the below application form in its entirety (all fields are required) and submit to cbraprogram@cwsor.org. A status email will be sent within 5 business days of receiving the application.

Should you have questions pertaining to this application, please email cbraprogram@cwsor.org.

Application Form	
General Information	
<i>Employer Primary Contact</i>	
<i>Legal Business Name</i>	
<i>Mailing Address including City, State & zip code</i>	
<i>Phone number</i>	
<i>Email address</i>	
<i>Federal Tax ID</i>	
<i>Oregon Business Identification Number</i>	
<i>Employer Identification Number (EIN)</i>	
<i>Business Located in Oregon</i>	
<i>Business operation area – County(ies):</i>	
<i>Industry/NAICS</i>	

Organization's Board and Executive Team Names

This information can be filled in below or added as an attachment.

Board and Executive Team

Board and Executive Team
Demographics*

Organizational size/Number of
employees

Mission statement

Brief agency overview

Community group or population
your organization serves:

List the programs/resources
offered by your organization
(please indicate if a
program/resource is specifically
serving any of the priority
populations identified)

*Demographic information should be aggregated and is voluntary.

Request Information

Type of Assistance Requested

Beneficiary Payment Request

Please complete this section to apply for a Beneficiary Payment.

Impact on Business

Decreased revenue (e.g., from donations and fees)

Financial insecurity

Increased costs (e.g., uncompensated increases in service need)

Capacity to weather financial hardship

Challenges covering payroll, rent or mortgage, and other operating costs

Statement regarding status as
an impacted or
disproportionately impacted
CBO/nonprofit

Description of the pandemic
impact and related need

<p>List the documentation you will provide of impact by COVID-19</p>	
<p>Type of Cost</p>	<p>Indicate impact/capacity challenge (all that apply) – documentation will need to be provided</p>
<p>Decreased revenue</p>	
<p>Financial insecurity</p>	
<p>Increased costs</p>	
<p>Increased costs (e.g., uncompensated increases in service need)</p>	
<p>Capacity to weather financial hardship</p>	
<p>Challenges covering payroll, rent or mortgage, and other operating costs</p>	
<p>Total Amount Requested:</p>	
<p>Capacity Building/TA Support Request</p>	
<p>Please complete this section to apply for Section Capacity Building/TA Support.</p>	
<p>List or describe the type of technical assistance/capacity building support/services needed.</p>	
<p>Briefly describe how the TA/Capacity Building support will improve your organization's resiliency and/or ability to weather a future hardship.</p>	
<p>What is the duration of the requested capacity building assistance?</p>	
<p>Briefly identify the performance measures that will be used to report progress and outcomes.</p>	
<p>Total Amount Requested:</p>	

Submission Verification:

In submitting this signed application, I attest to the following:

I am authorized by the governing board of the applicant organization to submit this grant application;

The organization is in good standing with the Internal Revenue Service (IRS), retains its 501(c)(3) or 501(c)(19) tax exempt status;

The organization does not discriminate on the basis of race, color, national origin, sex (including sexual orientation and gender identity), religion, disability, age, or familial status (having children under the age of 18);

The organization understands that Clackamas Women's Services will request information of the organization to assess its eligibility for the Coronavirus State and Local Fiscal Recovery Funds (SLFRF) and in relation to the use of these funds by the organization for Mercy Corps Northwest's quarterly and final progress reports;

The organization has not received any federal, state or County funds for the purpose of recovering any amounts claimed as financial harm within this application.

The organization understands and agrees that any misrepresentation or fraudulent certification may result in suspension or immediate termination of the organization's eligibility for this program and may give rise to legal action. Mercy Corps expressly reserves the right to pursue any and all legal remedies available under this agreement or at law.

The organization possesses all governmental and other certifications and licenses necessary to carry out its work and will comply with all applicable laws, regulations and rules in the performance of its obligations related to the Coronavirus State and Local Fiscal Recovery Funds (SLFRF).

The organization has not, and will not, engage in transactions with, or provide resources or support to, individuals and organizations associated with terrorism, including those individuals or entities that appear on the Specially Designated Nationals and Blocked Persons List maintained by the U.S. Treasury (<http://www.treasury.gov/resource-center/sanctions/SDN-List/Pages/default.aspx>) or the United Nations Security designation list (http://www.un.org/sc/committees/1267/qa_sanctions_list.shtml).

The Organization will be able to comply with and train its employees in all applicable laws against bribery, corruption, inaccurate books and records, inadequate internal controls and money-laundering, including the U.S. Foreign Corrupt Practices Act and the UK Bribery Act and has not engaged in, and will not engage in, any of the following conduct: (A) trafficking in persons (as defined in the Protocol to Prevent, Suppress, and Punish Trafficking in Persons, especially Women and Children, supplementing the UN Convention against Transnational Organized Crime); (B) procuring a commercial sex act; or (C) using forced labor.

This information will be used to ensure compliance with the Coronavirus State and Local Fiscal Recovery Funds (SLFRF) Final Rule established by the US American Rescue Plan Act (ARPA). I understand this may be monitored and that I may be asked to provide source documentation. With my signature, I am certifying that the above information is correct, to the best of my knowledge.

By signing below, I certify that all the information I have given is true and correct, to the best of my knowledge. I acknowledge that I have provided this information for the purpose of seeking assistance from a federally-funded program and understand that Title 18 United States Code Section 1001: (1) make it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact; (b) make any material false, fictitious, or fraudulent statement or representation; or (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government; and (2) requires a fine, imprisonment for not more than five (5) years, or both, which may be ruled a felony, for any violations of such Section.

*I have reviewed and understand the following Terms & Conditions. **Terms & Conditions:** In submitting this application I understand that this application does not commit Clackamas Women's Services to funding.*

Signature of Individual Authorized to Submit Application on Behalf of Organization:

Print Name/Title:

Preferred Contact Information:

Date: