



CARES ACT COMMUNITY SUPPORT PROGRAM APPLICATION

Organization Name: _____

Registered Federal Tax-Exempt ID Number: _____

Executive Director/CEO Name: _____

Contact Person Name: _____

Contact Person Title: _____

E-Mail Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Affiliated with a "parent" organization? Yes No

If yes, name of parent organization: _____

Preferred method of contact? Business Phone Cell Phone Email

Please provide if not listed above: _____

Number of employees:

Full Time _____ Part Time _____

GRANT REQUEST

Food Pantry Assistance:

Specify amount requested (up to \$8,000):

\$ _____

Non-Profit Assistance:

Specify amount requested (from \$1,500-\$24,000):

\$ _____

Headquartered/Office in the City of Riverside? Yes No

Less than 50 Employees? Yes No

Operating Budget Less than \$750,000? Yes No

Received Less than \$100,000 from Paycheck Protection Program (PPP), Small Business Administration (SBA), or Economic Injury Disaster Loan (EIDL) Yes No

Submit this completed application with the following:

Current 501(c)(3) or 501(c)(6) IRS Final Determination Letter

A copy of Organization's operating budget (current calendar or fiscal year)

Include any funds from a Community Development Block Grant, City Arts Grant Program, Sponsors or in-kind contributions

Organization's Safe Reopening Plan per Riverside County Guidelines

Service/Program Name (if applicable): _____

Purpose: _____

Date(s): _____ to _____

Will the service/program be held in the City of Riverside? Yes No

If no, specify reason: _____

Describe intended use of grant funding (Check all that apply and please describe):

Contract Labor _____

Supplier Payments _____

Rent Payments _____

Lease Payments _____

Technology _____

PPE, Sanitation Supplies and Equipment _____

Utility Payments _____

Equipment _____

Describe how COVID-19 has affected your organization and/or the community you serve:

Name: _____ Signature: _____ Date: _____

Deadline to submit application:
September 28

To submit the application or for questions, contact:
SpecialEvents@RiversideCA.gov • (951) 826-2077
RiversideCA.gov/cares