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City Of Oklahoma City's Coronavirus Arts Non-Profit Recovery Program Administered by Allied Arts

Please upload the following documentation:

Choose File

Select up to 20 files to attach. No files have been attached yet. You may add 20 more files.

Acceptable file types: .epub, .key, .mobi, .mus, .musx, .ppt, .pptx, .sib, .xls, .xlsx, .zip

As you work on the application, please secure the documents below and upload as part of the submission:
501c3 letter
Certificate of registration as a charitable organization in the State of Oklahoma
Board of Directors list
Most recent 990
Current fiscal year budget
Last fiscal year budget
Clear demonstration of negative financial impact related to COVID and relevant to the request
Receipts related to reimbursement requests
Attestation form (within the body of the application)
Additional information to demonstrate COVID-related need

Nonprofit Name *

Limit: 1 characters

Nonprofit Business Address (must have a "brick and mortar" location in the City of Oklahoma City) *

Grant Contact Email Address *

[   ]

Grant Contact Telephone *

[   ]

Is the nonprofit headquartered in Oklahoma City? *

○ Yes
○ No

Which status does the nonprofit have? *

○ 501 (c) (3)
○ 501 (c) (9)

Date the nonprofit was established: *

[   ]

What is the nonprofit's annual budget? *

[   ]

Since March 3, 2021, has the nonprofit faced a negative financial impact as a result of the COVID-19 pandemic, such as, but not limited to: *

☐ Forced or voluntary closure or requirement to make significant adjustments to operations and/or program model due to the COVID-19 public health emergency

☐ Decline in revenue or donations due to the COVID-19 public health emergency

☐ Increase in costs, without a respective increase in revenue, associated with overhead, cleaning, technology and other expenses due to the COVID-19 public health emergency

Please select all that apply.

Describe the nature of the negative financial impact in detail. Attaching supporting documents is encouraged. Insufficient detail to justify the claim of impact will require additional documentation and proof of negative financial impact which may slow the application process. *

Examples of negative financial impact as of March 3, 2021 due to the COVID-19 pandemic include, but are not limited to:
- If the nonprofit had to close its doors for a certain period of time, what was the financial impact of the closure?
- If the nonprofit had to change its delivery model, what was the financial impact of the modification?
- If the nonprofit had to suspend productions or fundraising events, what was the financial impact of the suspensions?
- If the nonprofit had an increase in expenses, what was the extent?

Has the nonprofit received any federal funding to cover the COVID-19 related reimbursements/expenses being sought in this application? *

○ Yes
○ No

If yes, how much in federal funds were received? *

If yes, describe how those federal funds were used: *

Examples include payroll, rent, mortgage, utilities, capital improvement, retrofit, general support, etc.

Describe the programming and services provided to residents of Oklahoma City

by the nonprofit. *

[   ]

How many Oklahoma City residents are reached by the nonprofit on an annual basis? *

[   ]

Project Request Category (You can check more than one category.) *

☐ Replacement of full-time, part-time and seasonal employee positions lost due to COVID-19 on or after March 3, 2021

☐ Reimbursement of costs incurred between March 3, 2021 and December 1, 2024 for COVID-19 mitigation efforts

☐ Reimbursement of costs incurred between March 3, 2021 and December 1, 2024 for technology to implement virtual programming

☐ Reimbursement of costs incurred between March 3, 2021 and December 1, 2024 for remote working technology

☐ A grant equal to the amount of lost revenues due to COVID-19 on or after March 3, 2021

In order to be eligible, reimbursed or lost revenue cannot have already been covered (or will be covered) by government funding or private funding associated with government dollars, and proper documentation will be required.

If requesting Employment Support, enter the amount: *

[   ]

Enter 0 if not requesting Employment Support.

Describe the significance of the position(s) to the mission and core work of your organization. What would happen if the position(s) were to remain unfilled? Provide the salary for each position. *

[   ]

Enter N/A if not requesting Employment Support.

If requesting COVID Mitigation Support, enter the amount: *

Enter 0 if not requesting COVID Mitigation Support.

Describe the scope of the COVID mitigation effort including the project budget and itemization of expenses. *

Enter N/A if not requesting COVID Mitigation Support.

If requesting Technology Programming Support, enter the amount: *

Enter 0 if not requesting Technology Programming Support.

Describe the scope of the technology project including the project budget and expense itemization. *

Enter N/A if not requesting Technology Programming Support.

If requesting Technology Remote Working Support, enter the amount: *

Describe the need for remote work technology include the project budget and

expense itemization.   *

Enter N/A if not requesting Technology Remote Working Support.

If requesting Lost Revenue Support, enter the amount: *

Enter 0 if not requesting Lost Revenue Support.

Explain where the grant funds will be directed toward your organization's budget and the extent of the revenue loss. *

Enter N/A if not requesting Lost Revenue Support.

https://alliedartsokc.com/wp-content/uploads/2022/04/City-of-Oklahoma-City-Coronavirus-Arts-Nonprofit-Recovery-Attestation.pdf

example.com

Please download the attestation form, complete and sign, and upload as an attachment.

Save Draft	Submit Form