# Pre-Application Certifications

## Before you begin, please confirm the following:

NOTE: You are completing the application for a Community Service Organization.

You must create a SAM.gov account to access the System for Award Management (SAM) portal. For assistance, please read the [SAM Registration FAQs](https://sam.gov/SAM/pages/public/loginFAQ.jsf)

* What is your organization's System for Award Management (SAM) registration status:

🞏 My organization is registered

🞏 I have completed the registration process and am waiting for final approval

🞏 I am in the process of registering

🞏 I have not started the registration process

* What is your organization’s DUNS Number:

Use the following link to confirm or request your DUNS number: [DUNS Number Check](https://www.dnb.com/duns-number/lookup.html)

\*\*You may submit your application without your DUNS number; however, your application cannot be processed until we have your valid DUNS number on file.\*\*

* Consistent with the regulations outlined in the CARES Act, recipients of support must be a U.S. citizen or qualified resident alien. I certify that funding will be used in this way.

Checking this box means that you have read, understood, and agree to the above statement.

☐ Yes, I certify that funding will be used as described above.

☐ No, I do not certify that funding will be used as described above.

* Does your organization need assistance with the Douglas County grant requirements?

☐ Yes

☐ No

# Organization Details

## Organization’s ED/CEO

* What is the Executive Director/CEO’s first name?
* What is the Executive Director/CEO’s last name?
* What is the Executive Director/CEO’s email address?
* What is the Executive Director/CEO’s daytime telephone number?

## Who is completing this application?

* What is your first name?
* What is your last name?
* What is your email address?
* What is your daytime telephone number?

## Applicant Organization Information

* Organization Focus Area (Please select the category that best fits your primary mission.)

Animal

Civic Engagement/Advocacy

Education

Environmental

Health

Neighborhoods

Religious

Safety

Transportation

Workforce

Youth Development

Community

Human Services

Neighborhood Association

Other

* What is your organization’s annual operating budget range?

Less than $100,000

$100,000-$249,999

$250,000-$499,999

$500,000-$999,999

$1-5 million

$5-10 million

$10-$100 million

* What percentage of your organization’s total budget is focused on Douglas County? (0-100%)
* Tax ID
* Organization Name:
* Address:
* City:
* County: **Douglas**
* State: **Nebraska**
* Zip Code:

## Population and Demographic Data

* Please select the description(s) of the primary population(s) that your organization serves?

If your organization primarily serves the general public, please select ONLY that. If it primarily serves a more specific group, select all that apply.

Individuals who are elderly

Individuals who identify as a racial or ethnic minority\*

Individuals who identify as LGBTQIA+

Individuals who were incarcerated

Individuals with disabilities

Individuals with substance use disorders, behavioral health, and/or other chronic health conditions

Individuals/families who are experiencing homelessness

Individuals/families who are refugees or immigrants\*

Individuals/families with low to moderate incomes

Survivors of domestic and/or sexual violence

My organization primarily serves the broad public

* \* Please provide additional context about the population(s) served below:
* What zip codes does your organization serve? Please select all that apply.

**Selecting more zip codes does not offer any additional benefit to the applicant.**

68007

68010

68022

68064

68069

68101

68102

68104

68105

68106

68107

68108

68110

68111

68112

68114

68116

68117

68118

68122

68124

68127

68130

68131

68132

68134

68135

68137

68142

68144

68152

68154

68164

68178

68179

68180

68182

All Douglas County Zip Codes

# Request Details

## Narrative Questions

* Title of Request (**10 word limit**):
* Summary of Request. Be clear and concise. This summary will be provided verbatim to select staff members of Douglas County and the Douglas County Board of Commissioners. (**50 word limit**):
* Please briefly describe the community needs, related to COVID-19, that your organization is meeting with the programs and services you provide. (**200 word limit**). Be as specific as possible. If other organizations in your service area also address these same needs, please explain very briefly how your organization partners with them or otherwise fits into that landscape.
* Explain how your organization has impacted populations disproportionately by the COVID-19 health epidemic. (**200 word limit**). Be as specific as possible. If other organizations in your service areas also address these same needs, please explain very briefly how your organization partners with them or otherwise fits into that landscape.
* How has the work of your organization benefited the community or your constituents in recent years? (**200 word limit**). Describe your organization’s track record of impact and accomplishment in delivering programs and services. Please quantify the scale of your impact where possible — such as numbers served or other relevant measures of your reach and success.
* How has COVID-19 impacted your organization’s programs, services, and/or operations? (**200 word limit**):
* What are the roles of staff and/or board members in financial management? Who would be responsible for financial management and oversight related to this funding and what is their role within your organization? (**200 word limit**):

# Financial Information

## Before you begin, please note:

Questions 1 - 5 request financial information that will provide a picture of the expenses your organization has experienced due to the COVID-19 public health emergency.

If you have any questions about how to complete this section, or would benefit from assistance in doing so, please email [covid19@omahafoundation.org](mailto:covid19@omahafoundation.org?subject=[Your%20Organization%20Name]%20Financial%20Information%20Assistance)

## Financial Information

* **Question 1.** What were your organization’s incurred expenditures from March 1, 2020 through August 31, 2020 that were necessary expenses to respond to the COVID-19 public health emergency?

**Enter amount:**

NOTE: Douglas County may seek to recover any grant funding you are awarded based on projections of future expenses that exceed your year-end actual numbers. Please take this into consideration when developing projections.

* **Question 2.** What are the total additional expenditures your organization projects incurring from September 1, 2020 through December 30, 2020 that will be necessary expenses to respond to the COVID-19 public health emergency?

**Enter amount:**

## Attachments

* **Question 3.** Attachments

3a) Upload supporting documentation for all expenditures listed above.

You must use our template: [Financial Template](https://omahafoundation.org/wp-content/uploads/2020/09/Financial-Worksheet-CARES-Act-Human-Services-Organizations-Application.xlsx)

NOTE: For all COVID-19 related expenses, please upload a list of expenses with dates, amounts, and details. Please also indicate whether each expense was either internal (impacting operations) or external (directly benefiting the community-at-large).

3b) Upload your organization’s Budget-to-Actuals for your most recently completed fiscal year.

3c) Upload your organization’s budget for this current fiscal year.

Include this year’s actual revenues and expenses for your year-to-date.

## Confirmed Federal Funds

* **Question 4.** Please list any federal loans or grants received since March 1, 2020, to reimburse any of the above expenses. Enter the amount and description under each applicable source.

4a) Paycheck Protection Program  
**Enter amount**:

Then describe the expenses to be reimbursed with these funds:

4b) State of Nebraska Community Cares Funding  
**Enter amount:**

Then describe the expenses to be reimbursed with these funds:

4c) Other CARES Act funds  
**Enter amount**:

Then describe the expenses to be reimbursed with these funds.

4d) Other Federal Awards

**Enter total amount:**

Then provide the Source(s) and Description(s):

For example:

* CDC - describe the expenses to be reimbursed with these funds.

4e) Other sources of funding or insurance proceeds you may have received to cover COVID-19-related expenses.

**Enter amount:**

Then provide the Source(s) and Description(s):

## Pending Federal Funds

**Question 5**. List additional pending CARES Act or other federal loans or grants, if any, you are pursuing to reimburse the above expenses.

5a) **Enter total amount:**

5b) Enter source(s) and description:

NOTE: The CARES Act explicitly states that expenditures cannot be covered by multiple funding mechanisms. If receiving one of the above listed (pending) awards in addition to a grant from this fund you may be required to return one of the sources to remain in compliance with federal law.

## Totals

**Question 6.** Please enter the amount you are requesting from the Douglas County CARES Program:

**Question 7.** What is the total amount of ALL federal funding your organization will receive in this current fiscal year?

NOTE: A financial audit is not required for application to this program. However, nonprofits that receive and expend more than $750,000 in combined federal funds in any fiscal year, including any grant received under this Douglas County CARES program, or under other CARES Act programs, will be subject to a federal single audit.

NOTE: The following this question is for informational purposes only, it will not be used to make a funding determination for this round of CARES Act funding.

**Question 8.** We are interested in understanding the overall impact of COVID-19 on the ability to operate your organization. Given COVID-19, what do you anticipate being your total budget need for 2020, after accounting for funding you have already received?