This grant application must be completed online and will be available beginning 9:00 a.m. on Oct. 5. The deadline to apply is Oct. 14 by 5:00 p.m. Hard copies of the application will not be accepted. For detailed information and the application, visit:
https://www.oakgov.com/covid/grants/Pages/cultural-institution-support.aspx

Grant Application – Step 1: Pre-Screening

Oakland Together Cultural Institution COVID-19 Support Grant
Application Pre-Screening Eligibility Questions

Are you eligible to apply? You must be able to answer YES to the following questions in order to proceed with the grant application.

Is the applicant a nonprofit arts, cultural or stewardship organization?	□ YES	□ NO
Is the applicant organization physically located in Oakland County, Michigan, and provides majority of services to Oakland County residents?	□ YES	□ NO
Does the applicant have tax-exempt status under Section 501(c)(3) of the US IRS Code?	□ YES	□ NO

Federal Tax Identification Number (TIN)/Employer Identification Number (FEIN) Validation
The TIN/FEIN validation process compares the data you enter on this form with your organization's data on file with the IRS.

Please enter the information exactly as it is recorded with the IRS, and verify it is correct before pressing the "Check your TIN/FEIN" button below. You will not be able to proceed further in completing the application without a successful TIN/FEIN check.

Organization Name*: _____
As shown on your income tax return

Organization Name (DBA): _____
Business name, trade name, DBA name, or disregarded entity name

Employer Identification Number*: _____

Please Note: You will be limited to three attempts to enter the information correctly. After three attempts, you will be locked out of the TIN/FEIN validation process for six hours. Oakland County DOES NOT have this data about your organization and cannot provide it to you. It is incumbent on the applicant to have the correct data on hand and enter it correctly.

Check Your TIN/FEIN

Grant Application – Step 2: Organization's Info & Data

Applicant Organization

Organization Name: _____

Physical Address: _____

Mailing Address: _____

Organization Phone Number: _____

From the drop down, select the organization type that most closely represents your nonprofit:
- o Arts Education
- o Art Service
- o Collecting or Material Organizations
- o Environmental/Stewardship
- o Film/Video/Digital
- o Literary Arts
- o Performing Arts
- o Public Broadcasting
- o Visual Arts
- o Other: _____

The year your organization was established: _____

Organization's Mission

Text box with limited # characters

IRS Letter of Determination

PDF Upload

TIN/FEIN #: _____

DUNS #: _____

URL: _____

Facebook: _____

Instagram: _____

Twitter: _____

YouTube: _____

Leadership

Executive Director Name: _____

Title: _____

Email Address: _____

Phone Number: _____

Authorizing Official: _____

Title: _____

Email Address: _____

Phone Number: _____

If there are questions about this grant application, Oakland County staff will reach out to the individual completing this application form by email or phone.

Name: _____
Title: _____
Email Address: _____
Office Phone Number: _____
Mobile Phone Number: _____

Organization's Data & COVID-19 Impact

Dates of your organization's fiscal year: _____
Current Fiscal Year Operating Budget: _____

Board-Approved Current Fiscal Year Operating Budget

PDF Upload

	March 1- Sept. 30, 2019	March 1- Sept. 30, 2020
Number of full-time paid employees		
Number of part-time paid employees		
Number of full-time equivalent (FTE)		
Number of board members		
Number of volunteers		
Operating Budget		

Tell us about the people your organization serves (like geographic area they live in, and any relevant common characteristics, e.g., ethnicity, disability or immigration status).

Text box with limited # characters

Total number of people your organization serves: _____

Of the total number of people your organization serves, what percentage are Oakland County residents: _____

Funding for this grant program is from the Federal CARES Act approved by Congress and signed by the President on March 27, 2020. The CARES Act funding is intended to address the public health and economic impacts of COVID-19.

List two to five specific ways COVID-19 hurt your organization:

1.	*required*
2.	*required*
3.	
4.	
5.	

List two to five actions your organization has taken to recover from the harm caused by COVID-19:

1.	*required*
2.	*required*
3.	
4.	
5.	

If your organization received other grants or loans for COVID-19 support, list the sources and award amounts:

Text box with limited # characters

Please confirm your organization has existing expenses or COVID-19 eligible reimbursements. If awarded an Oakland Together COVID-19 Support grant award, we want to be certain grant dollars are spent.
- Yes
- No

If this application is awarded a grant, how will the funds be used? (select all that apply)
- Salaries, wages and fees
- Rent or lease payments
- Mortgage or loan payments
- Utility payments
- Supplier payments
- Purchase personal protective equipment (PPE) and sanitation supplies
- Physical building adaptations/barriers
- Contract labor to implement public health measures
- Other measures to implement social distancing

Text box to describe other measures with limited # of characters

- Purchase technology/applications to minimize employee and customer contact
- Replace perishable inventory that was lost due to COVID-19

Certification

If awarded a grant, I certify the following statements are true:
- All funds received under this grant will be spent within the spending period of March 1, 2020 to December 30, 2020. No extensions to the spending period will be granted.
- Funds received through this grant will be spent on programs or services in Oakland County and/or to support Oakland County residents.
- Understand the importance and are willing to assist in the communication and promotion of health orders that advance the health and safety of our community, including patrons as well as employees
- A final report will be completed and submitted by January 12

Signature: _____
Date: _____

Submit