

NH NONPROFIT EMERGENCY RELIEF FUND

A Fund of the Governor's Office for Emergency Relief and Recovery

*Administered by the NH Center for Nonprofits, NH Charitable Foundation
and NH Community Development Finance Authority*

Welcome to the NH Nonprofit Emergency Relief Fund.

About the Program: The funding for this program comes from the \$1.25 billion in federal Coronavirus Relief Funds awarded to the State of New Hampshire as part of the CARES Act. The Governor's Office for Emergency Relief and Recovery (GOFERR) has contracted with the New Hampshire Center for Nonprofits, the New Hampshire Charitable Foundation, and the Community Development Finance Authority to assist in administering this grant program on behalf of the state, consistent with federal and state requirements.

Although you are completing this application in the New Hampshire Charitable Foundation's online grant system, final funding decisions and notifications will be made by the state, grant agreements will be signed between recipients and the state, and all funding will be distributed directly by the state.

Eligibility: To be eligible for this funding, organizations must be 501(c)(3) nonprofits and be able to demonstrate necessary expenditures and/or losses due to the COVID-19 public health emergency incurred between March 1 and December 30, 2020. For assistance in identifying expenditures/losses, please use the link embedded in the application to sign up for a help session.

The following organizations are NOT eligible to apply for this program:

- Organizations eligible for primary relief under other GOFERR-approved funds, specifically the [NH Childcare Fund](#) and the [Healthcare System Relief Fund](#) (but see below)*
- For-profit entities
- Organizations that are 501(c)(4)s, 501(c)(6)s, or otherwise other than 501(c)(3)
- Organizations based outside New Hampshire (but see below)**
- K-12 schools, including charter, public and private
- Municipalities, municipal subdivisions, and other government agencies
- Colleges and universities
- Assisted living and retirement communities
- Foundations and charitable trusts
- Trade associations
- Credit unions
- Insurance trusts
- Scholarship funds and programs
- Country clubs, golf clubs, other private clubs
- Cemetery trusts and associations

- Fraternal orders

* Organizations that bill for clinical health care treatment and services are ineligible for the NH Nonprofit Emergency Relief Fund as healthcare organizations. Organizations that do not provide clinical care and do not bill for health care reimbursement would be eligible to apply to the NH Nonprofit Emergency Relief Fund.

** Funding under this program is only available to support work taking place in New Hampshire by organizations that have both paid staff and physical facilities within New Hampshire state boundaries. The application should be completed with a focus only on New Hampshire-specific work, and all financial submissions must separate out New Hampshire activities from overall work.

Compliance: Because this is a federally funded and state-operated program, there are certain registration requirements that all grantees will need to follow in order to receive funding. Additionally, we expect that there will be state reporting requirements and, depending on funding awarded, there may be additional compliance requirements for some grantees. More information about relevant compliance requirements will be forthcoming.

We look forward to reviewing your application.

Before starting an application, please confirm that you meet the following requirements to make sure this is the right program for you. If your organization can answer YES to the following questions, you are eligible to apply to this program:

- The organization is a 501(c)3 and does not fall into one of the categories of ineligibility listed above;
- The organization files an annual tax return.
- The organization files annually with the New Hampshire Charitable Trust Unit (or is exempt from doing so).
- The organization has a non-discrimination policy (If such a policy is not already established, your organization can approve one prior to application submission. You can review and download our [Non-Discrimination Policy Samples.](#))
- The organization is in good standing with the New Hampshire Secretary of State.

Confirmation of CARES Act Funding Requirements
<p>1. Any organization awarded funding from the State of New Hampshire as part of this program will be required to adhere to a Grant Agreement entered into with the state. These agreements may vary in content and requirements based on the nature of the grant provided — specifically what expenses and/or losses the grant is intended to cover. If awarded funding you should review the award carefully before signing to ensure you can comply with all terms. We anticipate that one requirement of all grant agreements with the State of New Hampshire under this program will be that grantees will be asked to submit a final report to the state by January 15, 2021,</p>

demonstrating the necessary business expenditures or lost revenue due to COVID-19 that they have incurred from March 1 through December 30, 2020. To the extent that actual, un-reimbursed allowable costs and lost revenues during this period turn out to be less than the amount of the grant received, the excess grant funding may be subject to recoupment by the state.

2. Please also note that any organization that receives and expends more than \$750,000 in federal funds during its fiscal year is required to obtain a federal single audit. Federal funds expended include those directly from a federal agency in addition to federal funds passed through the state or another entity — including this NH Nonprofit Emergency Relief Fund. For more information on audit requirements, click [here](#).

If you have questions about either of the above points, please send an email to nerf@nhcf.org

Confirm

1. Has your organization ever managed a federal grant? This question will help us determine whether an applicant might need assistance in adhering to the State of New Hampshire's grant requirements.
 - a. Yes
 - b. No

Questions 2 - 5 request financial information that will provide a picture of the expenses and net losses 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 nerf@nhcf.org.

2. What were your organization's incurred expenditures from March 1 through June 30, 2020 that were necessary expenses to respond to the COVID-19 public health emergency? Enter amount:
3. What is the total net loss your organization has experienced as a disruption in income from March 1 through June 30, 2020 due to COVID-19 related business interruptions, including closures or social distancing requirements? Enter amount:

Important note as you consider questions 4 and 5: The State of New Hampshire may seek to recover any grant funding you are awarded based on projections of future expenses or losses that exceed your year-end actual numbers. Please take this into consideration when developing projections.

4. What are the total additional expenditures your organization projects incurring from July 1 through December 30, 2020 that will be necessary expenses to respond to the COVID-19 public health emergency? Enter amount:

5. What is the total additional net loss your organization expects to experience from July 1 through December 30, 2020 due to COVID-19 related business interruptions, including closures or social distancing requirements? Enter amount:

6.

a. Please upload supporting documentation for all expenditures and net losses listed above. You can [download our sample worksheet](#) as a helpful guide, but there is no requirement to use this format. Simply ensure your upload(s) shows how you arrived at your calculation, so it can be easily understood.

- For 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 a community member).
- For net losses, please provide a supporting calculation, including both projected revenues and any offsetting reductions in related expenses. For example, a fundraising event that annually brings in \$50,000 was canceled due to COVID-19 social distancing requirements, but one of the sponsors allowed the organization to retain a \$10,000 sponsorship, and the organization did not incur room rental and other event fees totaling another \$10,000. The net loss would be \$30,000. Another example could be a program losing \$50,000 in participant fees when canceled due to COVID-19 social distancing requirements, but there were \$10,000 in contract fees that did not need to be incurred for program services due to these same cancellations. The net loss would be \$40,000. If there are specific assumptions (e.g. about reduced service capacity or dates of reopening, for example) that are central to the organization's estimates and calculations, please include a brief explanation of such assumptions in your attachment.

b. Please upload your organization's Budget-to-Actuals for your most recently completed fiscal year.

7. Please list any federal loans or grants received since March 1, 2020, to reimburse any of the above expenses/losses. Enter amount/s and source/s:

- Paycheck Protection Program:
- Other GOFERR approved funds:
*if you entered an amount here, please list which program(s) the funds were awarded from
- Other CARES Act funds:
- Other federal awards (CDC, FEMA, e.g.):

8. Please list additional pending CARES Act or other federal loans or grants, if any, you are pursuing to reimburse the above expenses/losses. Enter amount/s and source/s:
 - a. If yes: Please describe the amount of each request and to whom it was made.
Note: The CARES Act explicitly states that expenditures and losses cannot be covered by multiple funding mechanisms. If receiving one of the listed 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.

Please note: Federal Treasury Department guidance prohibits use of these NH Nonprofit Emergency Relief Funds for expenses that have been or will be reimbursed under any other federal program. Your total grant request in question 9 below cannot exceed the sum of your answers to questions 2 – 5 minus the total of received federal funding from question 7.

9. Please enter the amount you are requesting from the NH Nonprofit Emergency Relief Fund:
10. Please briefly describe the community needs that your organization is meeting with the programs and services you provide. As relevant, feel free to share any community needs data. 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. (500 word limit)
11. How has the work of your organization benefited the community or your constituents in recent years? 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. (500 word limit)
12. How has COVID-19 impacted your organization's programs, services and/or operations? (500 word limit)
13. 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? (500 word limit)
14. What are the primary towns/regions your organization serves? (If your organization serves a large city with the surrounding towns, you only need to list the major population hub. For example, if your organization serves Concord and the surrounding towns, please only list Concord. If your organization works statewide, simply write "statewide." If your organization serves several cities or regions across the state, then list those. For example, if your organization operates in Greater Nashua and Manchester, please list both.)

15. What are the primary populations 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.

- My organization primarily serves the broad public.
- Elderly individuals
- People/families with low incomes
- Refugees and/or immigrants
- People who identify as a racial or ethnic minority
- People who are homeless
- People with substance use disorders, behavioral health, and/or other chronic health conditions
- Victims of domestic and/or sexual violence
- People with disabilities
- Other (please specify)

[The following questions will only be used for tracking and outreach purposes as submissions come in]

16. Annual operating budget size (check one):

- Under \$50,000
- \$50,001 – \$250,000
- \$250,001 - \$1,000,000
- \$1,000,001 - \$5,000,000
- \$5,000,001 - \$10,000,000
- Over \$10,000,001

17. Serving rural or urban communities (check one):

- a. Rural
- b. Urban
- c. Both rural and urban
- d. Neither

18. Counties served (check all that apply):

- a. Belknap
- b. Coös
- c. Carroll
- d. Cheshire
- e. Grafton
- f. Hillsborough

- g. Merrimack
- h. Rockingham
- i. Strafford
- j. Sullivan