



Community Resilience Hardship Fund Instructions and Application

The City of Glenarden is offering financial assistance to eligible City small businesses and community-based nonprofit organizations that experienced a negative economic harm from the COVID-19 public health emergency through the federally funded ***Community Resilience Hardship Fund***.

Eligibility

To be eligible for the City's program, a small business and nonprofit organization must meet the following requirements:

- Must be located within the City of Glenarden's legal boundaries or any organization granted special gratis status to use the City's Gold Room by the City due to the nature of activities provided to City residents.
- Must be actively operating at the date of application.
- Must clearly demonstrate a negative economic harm due to COVID-19 in 2020 and/or 2021.
- Must have been fully operational prior to March 15, 2020.
- For nonprofit organizations, must be organized under Section 501(c) of the Internal Revenue Code and have received a final determination letter from the Internal Revenue Service.
- Must have 30 or fewer employees and annual revenues of less than \$5 million.
- Must be in "good standing" with the Maryland Department of Assessments and Taxation and the City of Glenarden.
- Must have a current City of Glenarden business license, if required.

The following business-types are ineligible:

- Vape and e-cigarette shops, alcohol and liquor stores, tobacco shops, and other age-restricted businesses (adult video stores, gentleman's clubs, topless bars, strip clubs, gambling, etc.).
- Hotels and motels.
- National and regional chains.
- Gas stations.
- Hospitals.
- Banks, trusts, and loan companies.

Amount of Assistance Available

The City has allocated **\$100,000** in American Rescue Plan Act (ARPA) of 2021 funds to the Community Resilience Hardship Fund. Subject to the availability of funding, the City will award amounts equal to the actual negative economic harm established, **up to \$5,000**.

A small business or a nonprofit organization **may not** submit multiple applications.

How to Apply

Applications, including required documents and certifications, shall be submitted to:

City of Glenarden
Attention: Community Resilience Hardship Fund
8600 Glenarden Parkway
Glenarden, Maryland 20706

Applications may also be submitted electronically to city@cityofglenarden.org. If you have questions about the program, please call (301) 773-2100.

Applications will be reviewed on a first-come, first-served basis while funding is available. ***Priority will be given to applicants who have not previously received COVID-19 relief from the Federal Government, State of Maryland, Prince George's County, and/or City of Glenarden.***

Submission of an application does not guarantee funding under the City's Community Resilience Hardship Fund.



Community Resilience Hardship Fund Application

SECTION 1: Small Business/Nonprofit Organization Information

Business/Organization Name:	
Contact Person:	
Street Address:	
Suite:	
City, State, Zip:	
Phone #:	Alternate Phone #:
Email:	
Description of your business/organization:	
Was the business/organization fully operational and providing services within the City of Glenarden prior to March 15, 2020 ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
As of the date of the application, is the business/organization fully operational and providing services within the City of Glenarden?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please submit a copy of the business'/organization's W-9	<input type="checkbox"/> Yes
Please submit a copy of the Final Determination Letter from the Internal Revenue Service (IRS) – Nonprofits Only	<input type="checkbox"/> Yes

SECTION 2: Impact of COVID-19 – Negative Economic Harm

Please indicate the type of financial harm your business/organization experienced due to COVID-19. Please check all that apply.	<input type="checkbox"/> Decrease in revenues (e.g., sales, donations, fees, etc.) <input type="checkbox"/> Increased costs due to COVID-19 that were uncompensated <input type="checkbox"/> Financial insecurity (e.g., expenses exceeded revenues during 2020 and/or 2021 that were not experienced in 2019) <input type="checkbox"/> Did not experience negative economic harm
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SECTION 3: Received Prior COVID-19 Relief

Has the business/organization received any prior COVID-19 relief from another governmental entity – Federal Government, State of Maryland, Prince George’s County, and/or City of Glenarden?

- Yes
 No

If “Yes”, please indicate the award date(s), name of the government(s), and amount(s) below:

Date	Governmental Entity	\$ Awarded

SECTION 4: Financial Information

Nonprofits Only: All nonprofit applicants must provide **complete** IRS Form 990s (or Form 990-EZ) for 2019, 2020, and 2021. Applicants must provide all 3 years’ tax forms.

For applicants who **only file Form 990-N (e-Postcard) with the IRS**, please provide Form 990-N for 2019, 2020, and 2021. In addition, please submit supporting financial information/statements for 2019, 2020, and 2021.

Small Business Only: All small business applicants must provide **complete** Federal tax returns for 2019, 2020, and 2021, including Schedule C (as applicable). Applicants must provide all 3 years’ tax forms.

*A failure by the applicant (nonprofit or small business) to submit the complete forms and supporting information will delay the review and processing of your application.

Amount of Funding Requested:

\$

****Award amounts are limited to the actual harm established, up to \$5,000.***

The information provided in the application and this self-certification form is collected to determine if my small business/nonprofit organization is eligible to receive assistance provided through the City's federally funded **Community Resilience Hardship Fund**.

_____ **ACCURACY**

I certify that all the information provided in this application and supporting IRS 990 forms or Federal tax returns and financial information, is correct and complete to the best of my knowledge, including information regarding the negative economic impact caused by the from COVID-19 pandemic.

I understand that providing false statements constitutes an act of fraud and is grounds for termination of assistance and is punishable under federal and state law.

_____ **INFORMATION SHARING**

I understand the information provided in my application may be shared with the United States Department of Treasury.

Applicant Certification

Business/Organization Name _____ Date _____

Officer's Name _____ Title _____

Signature _____

Note: Digital or typed signatures are acceptable.