

COVID-19 Recovery and Community Resilience Fund

One Valley Community Foundation

Question Group

PLEASE NOTE:

For this application, proper phrasing, language, and exact details are not our priority. The priority is to provide your organization with the support it needs in a timely manner. Please tell us what is happening, what you need, who you will be serving, and the impact it will have.

Organizations are allowed to apply more than once.

Please note that many of these questions are OPTIONAL. An asterisk (*) next to a question indicates that it is a required question.

Project or Program Name*

Character Limit: 100

Fiscal Sponsor Agreement

If you are using a Fiscal Sponsor, please upload the formal agreement:

File Size Limit: 3 MB

Organization Name*

Character Limit: 75

Mission Statement*

Please briefly share your organization's mission statement.

Character Limit: 400

Amount Requested*

Please provide an exact dollar amount requested.

Character Limit: 20

Communities Served*

Please check all regions that this funding would serve.

Choices

Gallatin County

Madison County

Meagher County

Park County

Funding is available based on the categories outlined below. Please read the funding area descriptions and then select the area that best matches your request.

- **Emergency Financial Assistance** - Unrestricted operational and programmatic funding grants to support organizations that leverage relationships with the community, trusted leaders, and service providers to support access to immediate basic needs.
- **Mental and Behavioral Health** - To support providers and community organizations with a focus on stress reduction, access to mental health care, and improving mental wellbeing.
- **Childcare Grants** - To support both service providers and systems coordination efforts, with a focus on accessibility and affordability.
- **Emerging Needs Grants** - The impacts of COVID-19 are various and evolving. As things continue to unfold, Greater Gallatin United Way and the One Valley Community Foundation remain committed to working with community organizations and stakeholders to stay informed and engaged regarding any emerging needs and the ongoing impacts of COVID-19. Select this funding priority for emerging needs that do not fit in the other categories.

Funding Priority Area*

Select the funding priority that best fits your request.

Choices

Emergency Financial Assistance
Mental and Behavioral Health
Childcare Grants
Emerging Needs Grants

How many people does your organization anticipate will be positively impacted by this funding?*

Character Limit: 250

Population(s) Served (check all that apply)*

Which population(s) does your mission and work target most frequently?

Choices

Black, brown, Indigenous and people of color
Early childhood (ages 0 - 5)
General population - mental health and wellness
Health care workers
LGBTQIA+ individuals
Low-income individuals and families
Older adults and other at-risk populations sheltering in place
Other
People experiencing homelessness or who are on the brink of homelessness

Spanish-speaking and/or Hispanic families and individuals
People with disabilities
Rural communities
School-aged youth (ages 6 - 18)
Veterans
Wildlife or animals

Population 'Other'

If you chose 'Other' above, please specify population(s) served.

Character Limit: 250

Low-Income People Served

What is the percentage of low-income people directly served by proposed use of funding?
Please include your answer as a percentage.

Character Limit: 10

People in Poverty Served

What is the percentage of people living in poverty directly served by proposed use of funding?
Please include your answer as a percentage based on Federal Poverty Guidelines.

Character Limit: 10

Funding Need*

What are your biggest funding needs right now?

Character Limit: 6000

Addressing the Need*

How do you propose to address the needs of the identified population(s)?
Please include an estimated date for when the work will be up and running and how long these funds will sustain it.

Character Limit: 5000

Service(s) to be Provided*

What service(s) are you providing (check all that apply)?

Choices

Child Care / Youth Services
Crisis services
Financial Assistance for Individuals / Families
Financial Counseling
Food Service / Nutrition
Hygiene
Medical / Primary Healthcare
Mental / Behavioral Health Services
Other
Quarantine / Isolation Support Services
Reducing Spread of COVID-19

Safe and stable housing
Safe employment / job placement
Shelter
Social / Emotional / Spiritual Support Resources
Transitional Housing
Transportation
Utilities

Service Provided "Other"

If you chose 'Other' above, please specify service(s) you will provide.

Character Limit: 250

Financial Assistance Follow-Up

If you have selected Financial Assistance from the list above, please provide the following information:

- The dollar range of anticipated awards to individuals/families
- Intended use of the funds
- Who is eligible to apply for funds
- How funds are distributed and tracked
- Why the funds are distributed this way

Character Limit: 4000

Collaboration

What other individuals and organizations are you working with for this project?

Character Limit: 2500

Collaboration 2

Is any other organization filling this need right now?

Character Limit: 2000

Help Center 211*

Has your organization listed your program services on MT 2-1-1 and/or with Help Center 2-1-1?

Choices

Yes

No

If you are unsure about the above question, please search for your organization here: <https://montana211.org/search.php>

Sources of Funding*

What other sources of funding have you received, or are in the process of applying for, related to COVID-19 needs for your organization and your work in our community?

Please include funding amounts awarded since 9/1/2020. Please list funds from the City of Bozeman's COVID Fund, if you received them.

Character Limit: 2000

Staffing and Safety Practices*

Please briefly describe the staffing and safety practices you have in place to prevent the spread of COVID-19.

Character Limit: 2000

Are there unmet needs you would like to share with us outside the realm of this fund's description?

Character Limit: 2000

Would you be willing to write a short article about how this funding is impacting your organization?*

Choices

Yes

No

Brief Funding Agreement*

Please read the following information, and click "I agree" below before submitting your application.

- If funds are granted, my organization will enter into a grant agreement which will require the following along with other standard requirements:
- We agree to spend all the grant funds in the project area during the grant period ending December 31st, 2021.
- We agree, if we cannot spend all grant funds during the grant period, to request a grant extension. If a grant extension is not granted, or if funds cannot be spent during the extension period, we agree that we will return all remaining funds.
- We agree to submit a final grant report.

Choices

I Agree to the information listed above.