

## LARUE COUNTY GRANT FOR NONPROFITS – FY24

### APPLICANT INFORMATION

*All 501(c) charitable nonprofits are included and eligible to apply that have been formed in and service LaRue County. Nonprofits are permitted to use the grant funds to provide general operating support. Deadline to apply is September 8, 2023.*

Business Name:	DBA:
Address:	
City:	State:          Zip:
Phone #:	Business Tax #:
Owner:	Title:
Co-Owner: (if applicable)	Title:
Primary Contact:	Email:

Check One:    My nonprofit/business  Has  Has Not received prior federal/state assistance as it relates to American Rescue Plan Funding (ARPA)

### LOAN REQUEST INFORMATION

***LaRue County Nonprofit Grants will range from \$500 to \$20,000 and must include a match equal to the request. Total grant amount for FY 2024 = \$200,000***

Amount of Grant Request \$ \_\_\_\_\_          Amount of Grant Matching Funds \$ \_\_\_\_\_

Source of matching funds: \_\_\_\_\_

*Allowable uses are broad but must justify an increase to the organization's programs, services, and/or operations to benefit the community and county both in the short and long-term.*

***Please provide a narrative of how the grant funding would be used to provide benefit to the community and county. Include forecasted economic impacts and their timelines the grant funding would make possible to the county. (Attach separate page if needed.)***

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**NOTE: This is a reimbursement grant. Expended funds will be audited to insure the funds were spent via the intended use. Bank statements and receipts will be required for grant funds to be disbursed. Do NOT spend funds prior to a letter of award issued by LaRue County Fiscal Court.**

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	Y	N		Y	N
<i>Is the Applicant or any owner of the Applicant presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Is the Applicant or any individual owning 20% or more of the equity of the Applicant subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction, or presently incarcerated, or on probation or parole?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The Applicant is not engaged in any activity that is illegal under federal, state, or local law.</i>	<input type="checkbox"/>	<input type="checkbox"/>			

### DOCUMENTS REQUIRED

- 501(c) certification in good standing with the Commonwealth of Kentucky and the IRS
  - Form 990, Pub 78 if applicable, any auto revocation letters, etc.
- 2022 Financial Statement signed and dated by a company officer
- Latest Federal Income Tax Statement
- If match comes from a loan, a letter of pre-approval from the lending institution is required with the application

### CERTIFICATION OF APPLICATION

**Certification:** *I hereby represent and certify that the foregoing information, to the best of my knowledge, is (a) true, complete and accurately and fairly describes the proposed project for which financial assistance is sought; and (b) does not contain any information for which an entity competing with the applicant may claim a proprietary interest. I further certify that to the best of my knowledge and based upon due inquiry, neither I, nor any of the proposed guarantors or officers, directors or principals associated with the applicant are or were at the time of this application, directors or officers of, or otherwise have a fiduciary duty toward, an entity that is or may be in competition with the applicant. As used herein, applicant shall include any person or entity which is guarantying any proposed financing.*

**Conflict of Interest:** *I hereby represent and certify that neither I, nor any of the proposed guarantors or officers, directors, principals or employees associated with the applicant are, at the time of this application, related by blood, marriage, law or business arrangement to the LaRue County Fiscal Court and/or other such county advisory boards.*

**Name of Nonprofit:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_