



IE COVID-19 Resilience Fund Guidelines and How to Apply

IE COVID-19 Resilience Fund

The Inland Empire Community Foundation established the COVID-19 Resilience to support nonprofit organizations on the front lines of COVID 19, to help them help our families and communities, and to support their survival through this crisis.

Focus Areas and Grant Amounts

Apply for ONE (1) Focus Area only

1) Basic Needs and/or Emergency services for low income people in the Inland Empire provided by single organizations or coalitions – **Up to \$20,000**

- o Food, shelter, health care, childcare, cash assistance

2) Capacity Building assistance to nonprofits for financial management and planning and strategies for long-term financial survival:

- o Technical assistance grants to individual nonprofits for financial management, planning, restructuring, legal, etc. - **Up to \$5,000**
- o Remote work and technology adaptation for a single organization or coalition of groups – **Up to \$10,000**

Eligibility

Nonprofit, public benefit organizations with evidence of tax-exempt status under Section 501(c) (3) of the Internal Revenue Code and not classified as a private foundation.

Grant Period

The grant period is May 25, 2020 to November 30, 2020.

How to Apply

- 1) Complete the intake survey form by clicking <https://socialinnovation.ucr.edu/IE-covid19>
 - 2) Complete the attached Cover Sheet
 - 3) Complete the Narrative: Provide responses for your respective request (*1 or 2 per above Focus Area, see Narrative section*) in one (1) page maximum, 12 font.
 - 4) Complete the Project Budget
 - 5) Email the completed Cover Sheet, Narrative (maximum 2 pages) and Budget Table **IN ONE FILE** to covid19@iegives.org
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Review and Notification of Results

Applications will be reviewed on an ongoing basis, with responses within 15 work days.

Required Report

A simple report will be required with information collected about numbers served and impact on the community and/or nonprofit operations.

Questions

Email Celia Cudiamat, Senior Vice President of Grants & Community Impact at

ccudiamat@iegives.org



IE COVID-19 Resilience Fund Cover Sheet

Internal Use Only:
Grant : _____

Organization / Agency Information

<i>Organization/Agency Name:</i>		
<i>Mailing Address:</i>		
<i>City/State/Zip:</i>		
<i>CEO or Director:</i>		<i>Title:</i>
<i>Contact Person:</i>		<i>Title:</i>
<i>Phone:</i>	<i>Fax:</i>	<i>Email:</i>
<i>Web Site Address:</i>		<i>Tax ID:</i>

Grant Request Information

<i>Program / Project Name:</i>		
<i>Amount of Grant Requested</i>	<i>Total Organization Budget:</i>	<i>Number of Full Time Staff:</i>
<i>Purpose of Grant Request (one sentence):</i>		

NARRATIVE

Provide responses for your respective request in one (1) page maximum, 12 font.

Choose only one request: 1) Basic Needs/Emergency Services OR 2) Capacity Building.

1) Basic Needs and/or Emergency services for low income people in the Inland Empire provided by single organizations or coalitions – Up to \$20,000

- Food, shelter, health care, childcare, cash assistance

For individual nonprofits providing food, shelter, cash assistance, or health care:

Describe the services provided, who is receiving support, how they are identified, and the case management or tracking system. For cash assistance, please provide how cash assistance need is determined. **If the work is being done in a coalition**, provide an additional paragraph on the lead organization and list additional partners and their roles (no organizational descriptions are required).

2) Capacity Building assistance to nonprofits for financial management and planning and strategies for long-term financial survival:

- Technical assistance grants to individual nonprofits for financial management, planning, restructuring, legal, etc. - **Up to \$5,000**
- Remote work and technology adaptation for a single organization or coalition of groups – **Up to \$10,000**

A. Technical assistance:

Provide a short write up about the need, what assistance you will seek, and from whom. Describe the expected or hoped for changes based on the assistance.

B. For individual nonprofits seeking technology support:

Describe the need, what technology you will purchase, and from whom. Please also describe expected changes based on the technology purchases.

BUDGET

A. Provide a simple line-item budget for your request by completing the table below.

Line Item Category	Line Item Description	Requested Amount From IECF
TOTALS		
