

COVID-19 Response & Recovery Grant Program - Eastern Washington

Innovia Foundation

Grant Program

This grant program will provide funding for two distinct types of requests.

Direct Response Grants range from \$2,500 - \$15,000 and are intended to assist organizations in providing immediate direct services to help people mitigate the impacts of COVID-19.

Solutions Accelerator Grants range from \$10,000 - \$40,000 to support collaborative efforts between two or more entities (nonprofit, business, academic, public agencies, etc.) to accomplish one or more of the following:

- Forward innovative solutions that mitigate or reduce the health, economic and social impacts of COVID-19
- Fill a response that cannot realistically be met in a timely manner by the public or private sector
- Show promise of broad community impact

*Please note that **Solutions Accelerator** requests will require additional budget and proposal information to be uploaded with this application.*

Organizations can only apply in one of the two categories.

This application is due at 11:59 P.M. (PST) on Monday, March 8, 2021.

Funding Request

Program Name*

Provide a brief, one-line phrase to describe this request. This serves as the title of your request for our records.

Character Limit: 250

Please indicate the focus area your proposal addresses*

Choices

Access to basic needs (food, safe shelter, transportation, etc.)

Access to healthcare (including mental health supports, vaccines, PPE, etc.)

Access to education, childcare and out of school time programming

Stimulating economic vitality and workforce development

Which category are you applying for?*

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Choices

Direct Response

Solutions Accelerator

Amount you are requesting*

Immediate Response requests must not exceed \$15,000.

Solutions Accelerator requests must not exceed \$40,000

Character Limit: 20

Brief Description*

Provide a two-sentence description that briefly captures what you aim to accomplish with support from this program, how grant funds will be used and in what time period. *Example: Over the next six months we will (top priorities), _____ and _____ for (#/how many) (population/community). Grant funds will be used to _____.*

Character Limit: 500

What counties will your work PRIMARILY benefit from this funding?

Washington Counties

Choices

Ferry

Stevens

Pend Oreille

Spokane

Lincoln

Adams

Whitman

Columbia

Garfield

Asotin

Organization Information

Mission and Current Programs*

Briefly describe your organization's mission and current programs.

Character Limit: 1000

Annual Operating Budget

Please enter the total dollar amount of your 2019 annual operating budget.

Character Limit: 20

Population Served*

What is the primary population your organization focuses on? *While your work may include several of the categories here, please choose the one (or up to three) that BEST describe your target population.*

Choices

Black, Indigenous, People of Color (BIPOC)
Refugees, immigrants, undocumented persons
People experiencing homelessness
Low-income
People living with disabilities
Survivors of domestic violence and/or child abuse
People who identify as LGBTQ
Rural residents
Formerly incarcerated
Children/Youth (0 – 18)
Seniors
Other

Organization Leadership

Is this organization led by individual(s) who identify as one of the following? This could include the organization director or board chair. If so, please select the appropriate response.

Choices

Black
Native American
Native Hawaiian or Pacific-Islander
Asian (including East Asian)
Hispanic or Latinx
Mixed Race Person of Color
Other

Is there any additional information you'd like to share about diversity in the population(s) you serve and/or the diversity of organization leadership?

Character Limit: 1000

Narrative Responses

Impact of COVID-19*

What are the COVID-19 needs you are seeing within the populations you serve?

Character Limit: 1000

How will you use this funding to address needs in your community?*

Please state how your organization will use a grant to minimize the impact of COVID-19 on your client population or provide increased services to the community.

Character Limit: 1000

Optional Additional Information

Is there any additional information you'd like us to know about the impact of COVID-19 on your organization and your community?

Character Limit: 1000

"Solutions Accelerator" Required Attachments

The attachments listed in this section are **only required for those who are applying in the Solutions Accelerator category**. If you are applying in the Direct Response category, you can skip to the Certification section to complete and submit your application.

Solutions Accelerator Project Budget Worksheet

Solutions Accelerator applicants will need to submit a project budget.

Note: It is required to use the Project Budget Worksheet, which you can download [here](#).

File Size Limit: 2 MB

Detailed Narrative

Solutions Accelerator applicants will need to upload a brief narrative (no more than two pages) that describes your collaborative approach and the goals you aim to accomplish. Include the organizations/entities joining in this effort and partner roles/responsibilities. Also include information about the groups or communities you aim to assist and the need(s) you are addressing. Lay out near-term activities that serve as important building blocks for future success. Include a timeline of when key benchmarks will be reached during the grant period of April 1, 2021 – March 31, 2022. Explain key indicators you will use to assess your progress toward your intended impact.

File Size Limit: 2 MB

Balance Sheet or Operating Budget

Please attach one of the following:

1. Current balance sheet (also called an assets and liabilities statement)
2. Operating budget for your current fiscal year

File Size Limit: 2 MB

Key Staff and Partners

Please attach a list of key staff within your organization that will work on this project, and the names of staff representing partner organizations.

File Size Limit: 2 MB

Optional Supporting Documents

If you have supporting documents you would like to include with your request, you may upload them here. This might include memo of collaboration with project partners, program brochure, theory of change, etc.)

File Size Limit: 4 MB

Certification

Permission to Share Proposal

Do we have your permission to share this request with other funders who may be interested in supporting your work?

Choices

Yes

No

Fiscal Sponsor Agreement

If you are using a fiscal sponsor, please upload a letter from the director of the fiscal agency that confirms your relationship.

File Size Limit: 1 MB

Authorization to Submit*

I certify that I am authorized to submit this proposal on behalf of the organization.

Choices

Yes

No

Non-Discrimination Certification*

I certify this organization does not unlawfully discriminate with regard to employees, volunteers, delivery of programs or services, or clients served based on age, sex, religion/creed, race, color, national or ethnic origin, sexual orientation, gender identity or expression, disability, marital status, military or veteran status, pregnancy or genetic information.

Choices

Yes

No

Anti-Hate Certification*

I certify this organization does not support or engage in activities that incite or engage in violence, intimidation, harassment, threats or defamation targeting an individual or group based on their actual or perceived race, color, religion, national origin, ethnicity, immigration status, gender, gender identity, sexual orientation or disability.

Choices

Yes

No

Please Note: By entering data into the next three (3) fields calling for insertion of your Name, Title, and Date, you are:

- (1) representing that you are an officer or other agent duly authorized to enter into legally binding agreements
- (2) agreeing to submit this grant application in an electronic form which shall be bound by its contents as an electronic transaction
- (3) agreeing that your insertion of data into these following fields constitutes an electronic signature.

Name**Character Limit: 250***Title****Character Limit: 150***Date****Character Limit: 10*

As a reminder, clicking on the SUBMIT button at the end of the application will submit your application and your application becomes locked to edits. Clicking SAVE will allow you to continue to work on your application. IF YOU DO NOT RECEIVE AN EMAIL CONFIRMATION, YOUR APPLICATION HAS NOT BEEN SUCCESSFULLY SUBMITTED.