

CRF County Direct Aid Program Application

Primary Project Sponsor*

Name of Organization*

Primary Organization Tax ID*

Primary Contact E-Mail*

Primary contact should be an elected official, an employee, or a representative of the primary project sponsor

Project Co-Sponsor

Name of Organization

Organization Tax ID

Co-Sponsor Contact Email

Primary contact should be an elected official, an employee, or a representative of the primary project sponsor

Program Details

Program or Project Title

Existing program or project

Select One

Program or project scope and description*

Project description should include what the need is, the purpose is, why the project qualifies, and what the benefits are.

Which Expenditure Category does this fit?

Select One

Project Timeline

New Programs or Projects should complete the CRF spending by 12/31/20

How does the program meet the requirements outlined in the CARES Act?

Population Impact

At Risk Population Impacted

Select One

If yes, which populations

If you are not awarded your requested amount, could you complete your project with partial funding?

Select One

If your project is approved, can you expend all funds prior to December 30th of 2020?

Select One

Program Budget Narrative

- A. **SALARIES AND WAGES** (Include positions, description, timeline, projected salaries)
 - 1. **POSITION 1:** Insert description, costs, timeline
 - 2. **POSITION 2:** Insert description, costs, timeline
- B. **CONTRACTUAL SERVICES** (Include descriptions, project costs, timeline for all contracted services, travel and rent expenses only)
 - 1. **SERVICE 1:** Insert description, costs timeline.
- C. **COMMODITIES** (Include description for any individual costs over \$1000)
 - 1. **COMMODITY 1:** Insert description and costs
- D. **CAPITAL OUTLAY** (Include one description for all costs in this section)
 - 1. Insert description
- E. **TOTAL AID & ASSISTANCE** (Include descriptions, costs, timeline for each type of aid or assistance provided)
 - 1. **AID/ASSISTANCE 1:** Insert description, costs, timeline
- F. **FUNDING** (Description of non-CRF funding sources)
 - 1. **NON CRF FUNDING SOURCE 1:** Insert description and total funds

EXPENDITURES (\$)

Projects totaling \$1 million or less are preferred.

SALARIES

BENEFITS AND WAGES

COMMUNICATIONS

FREIGHTS AND POSTAGE

PRINTING AND ADVERTISING

RENT

REPAIRING AND SERVICES

TRAVEL & SUBSISTANCE

FEES- OTHER SERVICES

FEES – PROFESSIONAL SERVICES

**1 OTHER – CONTRACTUAL SERVICES
DESCRIPTION**

**1 OTHER – CONTRACTUAL SERVICES AMOUNT
(\$)**

**2 OTHER – CONTRACTUAL SERVICES
DESCRIPTION**

**2 OTHER – CONTRACTUAL SERVICES AMOUNT
(\$)**

**3 OTHER – CONTRACTUAL SERVICES
DESCRIPTION**

**3 OTHER – CONTRACTUAL SERVICES AMOUNT
(\$)**

FOOD – HUMAN CONSUMPTION

MAINTENANCE MATERIALS SUPPLIES

Supplies, equipment, materials, etc. of individual costs less than \$1,500. If more than \$1,500 move to capital outlay.

MOTOR VEHICLE PARTS, ETC.

PROFESSIONAL & SCIENTIFIC SUPPLIES

STATIONARY & OFFICE SUPPLIES

SUPPLIES, MATERIALS, & PARTS

1 OTHER – COMMODITIES – DESCRIPTION

1 OTHER – COMMODITIES – AMOUNT (\$)

2 OTHER – COMMODITIES – DESCRIPTION

2 OTHER – COMMODITIES – AMOUNT (\$)

3 OTHER – COMMODITIES – DESCRIPTION

3 OTHER – COMMODITIES – AMOUNT (\$)

1 CAPITAL OUTLAY – DESCRIPTION

1 CAPITAL OUTLAY – AMOUNT (\$)

2 CAPITAL OUTLAY – DESCRIPTION

2 CAPITAL OUTLAY – AMOUNT (\$)

3 CAPITAL OUTLAY – DESCRIPTION

3 CAPITAL OUTLAY – AMOUNT (\$)

Capital improvements, maintenance, repair, etc. totaling more than \$1,500.

GRANTS TO BUSINESSES

OTHER ASSISTANCE, GRANTS, & BENEFITS

SUMNER COUNTY SPARKS FUNDS REQUESTED

AMOUNT FUNDED BY OTHER SOURCES