



CITY OF BANGOR

Bangor Cultural Assistance COVID-19 Relief Grant Application

I. ORGANIZATION INFORMATION

Organization name (legal): _____ Org. phone: _____

Organization mailing address: _____

City, State, ZIP: _____

Contact name: _____

Contact phone: _____

Contact mailing address: _____

City, State, ZIP: _____

Contact email: _____

Is this organization a non-profit corporation in one of the following categories? Yes___ No___

- 501(c) Tax Exempt Non-Profits
- 509(a) Supporting Organizations & Charities
- 170(b) Public Charity Designation
- 507(b) Private Foundations

What is this organization’s annual operating budget? Under \$500,000___ Above \$500,000___

Are you, or any persons financially responsible for or associated with this organization, employed by the City of Bangor or an elected official of the City of Bangor? Yes___ No___

Has this organization received a cultural grant from the City since July 1, 2018? Yes___ No___

(If Yes, skip to section II)

Please provide a brief description of your organization:

Since when has your business been in operation? _____ (mm/dd/yyyy)

II. GRANT AMOUNT REQUESTED

Amount Requested: \$ _____ (\$1,000 maximum; \$2,000 if annual operating budget over \$500,000)

Eligible Use of Funds: Up to **2 Months** of normal operating expenses during March, April, May and June 2020:

EXPENSES	AMOUNT FOR (2) MONTHS
Business Rent	
Wages & Benefits	
Utility Cost	
Supplies	
Taxes	
Organization Mortgage Payment	
Other Operational Expenses <i>Please specify:</i>	
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III. FUNDING

What funds would your organization normally have expected to receive from March to June 2020 that you did not due to COVID-19? (include amount and source; e.g. \$5,000 from theatrical performances)

Has your organization received any COVID-19 related assistance from other sources such as PPP (excluding private donations)? Yes ___ No ___

If yes, please provide details (source, amount, purpose). Funds cannot be used for the same purpose:

IV. MISCELLANEOUS

This application and documents associated with it may be subject to disclosure under Maine’s Freedom of Access Act in the event of a public records request.

Contact Betsy Lundy at (207)992-4234 or betsy.lundy@bangormaine.gov if you have any questions regarding this application or associated documents.

I certify that the above information is true and correct to the best of my knowledge, and that I am authorized to sign on behalf of this organization.

Signature: _____ Date: _____

Printed name: _____

Official capacity: _____

For Office Use Only:

Date Received:	Application Number:
Approved:	Declined: