

501(c)(3) Non-Profit Grant Application – PPE Purchases and Safety Equipment Installation Page 1

Oak Park Business and Non-Profit Coronavirus Recovery Grant Program Funded by the American Rescue Plan Act

Required Application Submittals and Eligibility Certifications

By checking each box below, the undersigned hereby confirms and certifies that the statement is true and/or that the required submittals are provided in conjunction with the grant application.

| true | and/or that the required submittals are provided in conjunction with the grant application. |
|--|--|
| | I confirm and certify that the organization that I represent is a State of Illinois recognized 501 (c)(3) non-profit located and operating within the Village of Oak Park and that the non-profit maintains all proper Oak Park business licenses and permits of operation and that the organization I represent has been impacted by the Covid-19 emergency and needs assistance in order to mitigate the financial hardship resulting from said Covid-19 emergency. |
| | I confirm and certify that the grant assistance we are seeking is funded with federal American Rescue Plan Act resources, administered through the Village of Oak Park, which is making \$100,000 available to qualified Oak Park 501 (c)(3) organizations for reimbursement of costs incurred purchasing PPE and safety equipment installation related to the Covid-19 public health emergency. I confirm and understand that each Oak Park non-profit is eligible for up-to \$3,000. |
| | I confirm and certify that the Covid-19 related PPE material and/or safety equipment material for which the organization I represent is seeking reimbursement, has already been received and paid for prior to the date of this grant application and that a receipt, or receipts, confirming said purchases, with items purchased listed, has been attached to this application. |
| | I confirm and certify that the expenses our organization is seeking reimbursement for with this grant application have not been funded by another state, local or federal grant or loan program. |
| | I certify that the non-profit I represent has complied with its bylaws or other governing documents to obtain approval for the undersigned to submit this grant application and execute a grant agreement on behalf of the applicant. |
| the gran | rtify that the above information, to the best of my knowledge, is accurate and true. I understand that VILLAGE will rely on the accuracy of the submittals and certifications made in conjunction with this nt application. Any misrepresentation or inaccurate information may be treated as a default cerning any grant made. |
| Name of C | Dak Park Non-Profit |
| Authorized Non-Profit Representative's Name (Please Print Clearly) | |
| Authorized | d Non-Profit Representative (Please Sign) |
| Title of Au | thorized Non-Profit Representative (Please Print Clearly) |
| Date Sign | ed |



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The Village will begin to accept grant program applications on Monday, September 27, 2021.

| Non-Profit Representative's First Name (Please Print Clearly): | | |
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| Non-Profit Representative's Last Name (Please Print Clearly): | | |
| Non-Profit Representative's Home Address: | | |
| Non-Profit Representative's E-Mail Address: | | |
| 501(c)(3) Organization's Name: | | |
| Organization's Registered Address: | | |
| | | |
| Organization's Phone Number: | | |
| Organization's E-Mail Address: | | |
| Organization's E-Mail Address: | | |
| Organization's Years In Existence: | | |
| Organization's Mission: | | |
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Grant Application Submission Instructions

Completed application forms and all attachments should be scanned and emailed to business@oak-park.us or can be mailed to: Village of Oak Park, Attention - Development Customer Services Department, 123 Madison Street, Oak Park, IL 60302. If you have any questions about the application requirements or have any issues with submitting any of the required documents, please email business@oak-park.us.

The Village of Oak Park does not discriminate in its programs and activities on the basis of age, color, gender expression/identity, genetic information, marital status, national origin, physical or mental disability, pregnancy, race, religion, sex, sexual orientation or veteran status as applicable.



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| Grant Amount Being Requested (Up to \$3,000): \$ | | |
|---|--|--|
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| Please provide a description of Covid-19 related PPE and/or safety equipment purchased and/or | | |
| installed for which your organization is cooking reimbursement: | | |
| installed for which your organization is seeking reimbursement: | | |
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IMPORTANT - Please attach a receipt, or receipts, for any and all Covid-19 related PPE material and/or safety equipment material for which the organization is seeking reimbursement. This material or equipment must have been already received and paid for prior to the date of this grant application. Reimbursement can occur for items purchased anytime since March 1, 2020.