



City of Bellevue Partner Relief Grant Program

In order to support these critical organizations that work to support and promote multiple organizations and businesses, and to ensure their long-term sustainability, Bellevue City Council has authorized \$100,000 in Federal CARES Act dollars to provide a limited number of relief grants.

This application should take no more than 15-20 minutes. You will need:

- 2019 and 2020 community impact statistics (i.e. number of businesses served)
- 2019 and 2020 organizational budget
- Total COVID-19 relief funding received from other sources

Before starting your application, please review the eligibility criteria [here](#). Only registered 501(c)3 or 501(c)6 organizations which provide support to Bellevue businesses and/or arts and cultural organizations as a core part of their mission and operations are eligible.

This application closes on Monday, October 26 at 12:00pm.

Feel free to [contact Anthony Gill](#) if you have any questions about this application.



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On this page, you will be asked to share key details about your organization and contact information. This will help us determine your organization's eligibility to receive a relief grant from this fund.

*** Organization Legal Name**

*** Organization Registration Date**

Date the organization was registered with the City of Bellevue via a Bellevue business license. You can look up your business license [here](#).

Registration Date

Date

"Doing Business As" name

*** Unified Business Identifier (UBI) Number**

You can look up your UBI number [here](#).

*** Authorized Representative**

Please enter the contact information for the organization's authorized representative completing this form, and who would sign a grant agreement.

First Name

Last Name

Title

Email Address

Phone Number

*** Total number of employees**

Please use "full time equivalents" (FTEs) where 1 employee = 40 hours worked. If your organization uses primarily volunteers, count volunteers on the same basis.

On March 1st, 2020

At time of application

*** Organization 6-digit NAICS Code**

The NAICS code can be found on its business license, or can be looked up [here](#).



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On this page, you will be asked to describe the impact of programs and services which your organization has offered. This will allow us to better understand your organization's ability to deliver programs and services to Bellevue businesses and arts and culture organizations.

*** Describe your organization and the assistance your organization provides to Bellevue businesses and/or arts and cultural organizations.**

*** Describe any programs or services developed in response to the COVID-19 pandemic which have served Bellevue businesses and/or arts and cultural organizations.**

*** How many Bellevue businesses or organizations did your organization serve in 2019 and 2020?**

Approximate numbers are acceptable. Artists who run their own business count as businesses.

2019

2020 (to date)

How many Bellevue residents did your organization serve in 2019 and 2020 (if applicable)?

Approximate numbers are acceptable.

2019

2020 (to date)

*** Does your organization serve particular demographics or cultural communities in Bellevue?**

If yes, please explain your organization's impact. If no, please explain how your organization integrates equity into your work.



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On this page, you will be asked to describe your organization's operating budget, the impact of the COVID-19 pandemic on your organization, and any recovery funding the organization has received from other sources. This information will allow us to quantify your organization's unmet need and, if eligible, determine a grant award.

*** 2019 Organizational Budget**

Please upload your organization's 2019 budget document in .pdf or .doc/.docx format.

| | | |
|--|--|----------------|
| <input type="button" value="Choose File"/> | <input type="button" value="Choose File"/> | No file chosen |
|--|--|----------------|

*** 2020 Organizational Budget**

Please upload your organization's (expected) 2020 budget document in .pdf or .doc/.docx format.

| | | |
|--|--|----------------|
| <input type="button" value="Choose File"/> | <input type="button" value="Choose File"/> | No file chosen |
|--|--|----------------|

*** Estimated total impact of COVID-19 pandemic on expected 2020 budget**

We recognize that the pandemic is ongoing, so some costs may be yet to occur. Please use your current budget assumptions.

| | |
|-----------------------|----------------------|
| Losses in revenue | <input type="text"/> |
| Increases in expenses | <input type="text"/> |

*** Please describe the financial impact of COVID-19 on your organization.**

Describe any losses in revenue or increases in expenses (i.e. event cancellations, etc.)

*** Total COVID-19 recovery funding received from other sources**

This may include grants or loans from federal, state, or local sources, EIDL loans, PPP loans, or private-sector grants or loans.

| | |
|-----------------------------|----------------------|
| Grants | <input type="text"/> |
| Forgivable Loans (i.e. PPP) | <input type="text"/> |
| Loans | <input type="text"/> |

*** Has your organization experienced any of the following impacts from the COVID-19 pandemic?**

Please check all that apply.

Temporary closure

Increased cost of business

Reduced hours

Inability to pay lease / mortgage

Employee layoffs

Inability to pay bills

Decreased revenue

None

Potential eviction

*** Amount of relief funding requested**

Limited funding is available, and actual grant amounts will be based on need and available funding. Maximum request: \$25,000.

*** Expected Uses of Grant Funds**

Please outline how your organization expects to use these funds (i.e. reimbursement of prior costs, payroll, lease payments, etc.). See eligible expenses [here](#).



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* I hereby certify that the organization:

- is in good standing with all relevant regulations,
- is in possession of a Bellevue Business License, and
- is not facing any pending litigation or legal action.

Checkbox serves as signature and affirmation of the above statement

* I attest that:

- the information in this application is accurate,
- I am an Agent authorized to represent the organization, and
- if awarded, the funds requested must reimburse expenses related to the COVID-19 public health emergency which have not previously reimbursed by any other funding source.

Checkbox serves as signature and affirmation of the above statement