

## Applications

	Application Reference Number	Applicant Name	Organization Name	Application Submission Date	Status	Status Date
<a href="#">Edit Application</a>	WKRF3581WSKB5YCK	D Wasson	test	7/28/2022 1:33:47 PM	Application Initiated	7/19/2022
	WKRF35697TNN8AGJ	Shamshad Shaik	Great Clips	7/20/2022 9:42:31 AM	Application Ready for Review	7/20/2022
<a href="#">View Details</a>	WKRF35622Q6E4UES	Shamshad Shaik	test ORGANIZATION	12/16/2021 9:38:49 AM	Application Incomplete	7/28/2022

[Start New Non Profit Fund Application](#)

Due to the nature of the information required, applications are only accepted online.

Please review the [frequently asked questions \(FAQs\)](#).

For more information, contact:

**Team Kentucky Non Profit Assistance Fund**

Questions can be emailed to: [kynonprofitfund.help@ky.gov](mailto:kynonprofitfund.help@ky.gov)

## DISCLAIMER

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1. The legislative language did not establish a right of appeal. Therefore, no appeals will be entertained; however, clear errors may be brought to the attention of the Secretary of the Public Protection Cabinet for consideration.
2. Awards will depend on the availability of funds and the information contained in the application.
3. The Commonwealth cannot supply you with individual tax advice. The impact of receiving an award from this program and its impact on your organization's tax liability should be discussed with a tax professional.

By checking this box, I acknowledge I have read and understand the above.

Continue

### Information Of The Organization Requesting Funds

Organization Name *	<input type="text" value="Enter Organization Name"/>	Organization EIN *	<input type="text" value="Enter Organization EIN"/>
Organization Phone Number *	<input type="text" value="Enter Phone Number (XXXXXXXXXX) Number"/>	Organization Website Url	<input type="text" value="Enter Organization Website Url"/>
Executive Officer Name *	<input type="text" value="Enter Executive Officer Name"/>	Number of full-time employees at the time of application *	<input type="text"/>
Organization DBA Names	<input type="text" value="Enter DBA Name"/>	Number of part-time employees at the time of application *	<input type="text"/>
Organization County *	<input type="text" value="Select"/>	Approximate number of Kentuckians served annually *	<input type="text"/>

### Organization Mailing Address

Street No. *	<input type="text" value="Enter Street No"/>	Street Name *	<input type="text" value="Enter Street name"/>	Apt. or Suite No.	<input type="text" value="Enter Suite No"/>
Zip Code *	<input type="text" value="Zip Code"/>	City *	<input type="text" value="Enter City"/>	State *	<input type="text"/> (Ex: KY)

### Organization Business Address

Business address is same as mailing address

Street No. *	<input type="text" value="Enter Street No"/>	Street Name *	<input type="text" value="Enter Street name"/>	Apt. or Suite No.	<input type="text" value="Enter Suite No"/>
Zip Code *	<input type="text" value="Zip Code"/>	City *	<input type="text" value="Enter City"/>	State *	<input type="text"/> (Ex: KY)

## Authorized Representative Information

First Name \*

Middle Name

Last Name \*

Prefix Name

Suffix Name



Contact Phone Number \*

Cell Phone Number

Email \*

## Net Revenue Information

Net Revenue for 2021 \*

Net Revenue for 2020 \*

Difference Amount Requested \*

Did your organization receive federal aid as defined by the Program Guidelines? \*

Yes  No

Did your organization submit IRS Form 990 for the calendar years 2020 and 2021? \*

Yes  No

Continue

Upload all the necessary documents to complete your application. You can upload multiple documents for each category.

To Upload a document, click "Choose File" / "Browse" and then select a photo or document that is on your computer or phone and click "Upload".

Acceptable file types are '.pdf', '.jpg', '.jpeg', '.doc', '.docx', '.png', '.txt', '.gif', '.xls', '.xlsx', '.csv' file types only.

Maximum file size allowed is 20MB and file name cannot be more than 50 characters.

Please be sure to complete the document description field for each document uploaded.

### Service Documentation / Letter of Authorization \*

Copy of letter signed by authorized person explaining the nonprofit's mission and services to the relevant Kentucky populations.

Choose File No file chosen

Document  
Description \*

Upload

### 2020 Financial Documents \*

Copy of IRS Form 990 or Financial Documents (Profit & Loss Statement) for Calendar Year 2020.

Choose File No file chosen

Document  
Description \*

Upload

### 2021 Financial Documents \*

Copy of IRS Form 990 or Financial Documents (Profit & Loss Statement) for Calendar Year 2021.

Choose File No file chosen

Document  
Description \*

Upload

### Affidavit Regarding Federal Funds \*

Copy of Sworn statement (affidavit) regarding whether the organization has accepted federal funds.

Choose File No file chosen

Document  
Description \*

Upload

## Organizational Documents

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Copy of Articles of Incorporations and/or Bylaws

Choose File No file chosen

Document  
Description \*

Upload

## CPA Affidavit \*

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Copy of certification from the nonprofit's financial officer – this is required if the Profit & Loss Statement is submitted rather than the Form 990.

Choose File No file chosen

Document  
Description \*

Upload

## Miscellaneous Documents

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Upload any miscellaneous documents.

Choose File No file chosen

Document Description \*

Upload

Continue

By signing below, I certify:

- I am authorized to complete this application on behalf of the organization applying.
- I have read and understand the program requirements for the Team Kentucky Nonprofit Assistance Fund.
- The organization, on whose behalf I am applying, meets the program requirements for the Team Kentucky Nonprofit Assistance Fund.
- I have provided only truthful and accurate information.
- I understand the legislative language did not establish a right of appeal. Therefore, no appeals will be entertained; however clear errors may be brought to the attention of the Secretary of the Public Protection Cabinet for appropriate action.
- I will cooperate with all efforts of the Team Kentucky Nonprofit Assistance Fund to verify the information I have provided.
- I understand if I provided false information, I could be subject to criminal prosecution.

## SIGNATURE

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I Agree

**Signature:**

Please Type Name Here

**Date:** 7/29/2022

I'm not a robot



Submit Application