### Applications

<table>
<thead>
<tr>
<th>Application Reference Number</th>
<th>Applicant Name</th>
<th>Organization Name</th>
<th>Application Submission Date</th>
<th>Status</th>
<th>Status Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>WKRIF3891WSKB9WCK</td>
<td>D. Wesson</td>
<td>test</td>
<td>1/28/2022 1:33:47 PM</td>
<td>Application Initiated</td>
<td>7/7/2022</td>
</tr>
<tr>
<td>WKRIF3862QH864E5</td>
<td>Shamshad Shakil</td>
<td>test.ORGANIZATION</td>
<td>12/16/2021 9:38:49 AM</td>
<td>Application Incomplete</td>
<td>7/28/2022</td>
</tr>
</tbody>
</table>

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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: kyntkprofitfund.help@ky.gov
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.
## Authorized Representative Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>Enter First Name</td>
</tr>
<tr>
<td>Prefix Name</td>
<td>Enter Prefix Name</td>
</tr>
<tr>
<td>Contact Phone Number</td>
<td>Enter Contact Phone Numbr</td>
</tr>
<tr>
<td>Email</td>
<td>Enter Email</td>
</tr>
<tr>
<td>Middle Name</td>
<td>Enter Middle Name</td>
</tr>
<tr>
<td>Suffix Name</td>
<td>Select</td>
</tr>
<tr>
<td>Last Name</td>
<td>Enter Last Name</td>
</tr>
<tr>
<td>Cell Phone Number</td>
<td>Enter Cell Phone Numbr</td>
</tr>
</tbody>
</table>

## Net Revenue Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Net Revenue for 2021</td>
<td>Enter Net Revenue for 2021</td>
</tr>
<tr>
<td>Net Revenue for 2020</td>
<td>Enter Net Revenue for 2020</td>
</tr>
<tr>
<td>Difference Amount Requested</td>
<td>Enter Difference Amount Requested</td>
</tr>
</tbody>
</table>

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 Button]
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 *

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 *

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 *

Affidavit Regarding Federal Funds *

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

Choose File: No file chosen

Document Description *
Organizational Documents

Copy of Articles of Incorporations and/or Bylaws

Choose File  No file chosen

Document Description *

CPA Affidavit *

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 *

Miscellaneous Documents

Upload any miscellaneous documents.

Choose File  No file chosen

Document Description *
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

☐ I Agree

Signature: [Please Type Name Here]  Date: 7/29/2022

☐ I'm not a robot

Submit Application