CARES ACT GRANT APPLICATION (OPENS MAY 4)

[Questions to be answered]

**Primary Contact Name**
This individual will be considered the primary contact for all grant communications and is responsible for completing all required materials, including a final report.

**Location of Organization**
Please enter the New Mexico city or town where your organization is located.

**Organization Summary** *(Limit = 1500 characters)*
Who does your organization serve and how? If your organization is led by and/or serves underrepresented groups, please provide further detail about how your work supports these communities. Underrepresented groups vary in each community. These groups can include people of color; people who identify as LGBTQ+; people who live in rural areas; people with disabilities; people who identify as immigrants or refugees; and people whose first (or only) language is not English. Keep in mind this is not an exhaustive list.

**Organization’s DUNS#**

**Congressional District**
Please select the Congressional District(s) where your organization is located.

**Annual Operating Budget ($)**
What is your organization’s annual operating budget?

**Requested Amount ($)**
Please list the dollar amount you are requesting from the New Mexico Humanities Council to support your organization. You may request up to $7,500.

**Financial Impacts of COVID-19**
In what ways has your organization been affected by the economic impacts of the coronavirus? Select all that apply

**Explanation of Conditions:**
- Lost Revenue: Significant total projected 2020 revenue was lost because of canceled programs between March 1 and May 31, 2020.
- Lost Space: We are about to lose our space because we cannot make our monthly rent, mortgage, or utility payments through May 31, 2020.
- Staff Layoff: We are about to lay off one or more staff members because we cannot make payroll through May 31, 2020.
- Risk of Permanent Closure: We are considering or are planning to permanently close our organization as a result of the financial impacts of COVID-19.
- Other (please explain below)
Other (Optional) (*Limit = 1500 characters*)
If you selected other, please briefly explain the specific financial impacts of COVID-19 on your organization below.

Estimated Financial Loss ($)
How would you estimate the total financial impact on your organization of COVID-19? We recognize this is a tentative approximation. Please quantify your projected losses from the date first affected by the virus through May 31, 2020.

Financial Relief (*Limit = 1500 characters*)
What other sources of financial relief are you seeking at this time? Please briefly explain the other sources of funding you are seeking.

Use of Funds (*Limit = 1500 characters*)
How do you plan to use the CARES Act funds if they are granted?

Additional Information (Optional) (*Limit = 500 characters*)
If there is any information we have not requested, but which you feel is important for NMHC to know in evaluating your application, please provide it here.