



## CARES Equipment Program

### Contact Information

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**Full Legal Organization Name**

**Mailing Address**

**City**

**Zip Code**

**Organization Website**

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**Organization President / Executive  
Director**

**Title**

**Phone Number**

**E-Mail Address**

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**Contact Person** (if different)

**Title**

**Phone Number**

**E-Mail Address**

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**I am applying for:**

Grantee

Sub-Grantee

Organization Designation

Private 501c3 Non-Profit

Public CAP

Organization receiving equipment

# Organization Information

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**Total Organization Budget**

**Total # of Staff**

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# Proposal Request

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**Requested Amount**

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**Type of Request**

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**How will you use the requested equipment?**

(indicate how your request enables you to continue serving the community and help facilitate telework, online processes, communication etc. )

## Program funding parameters -

1. Procurement of equipment requested is the sole responsibility of the Grantee upon approval of request.
2. The MAXIMUM allowable expense for reimbursement shall be \$1500 per Grantee.
3. All approved expenses will be reimbursed to the grantee upon receipt of proof of purchase.
4. Funds are available on a "first come, first served" basis.
5. Once these funds are exhausted, the program is closed until further funding is received.
6. Grantees must apply ON BEHALF of their sub-grantees.
7. Application period shall begin on January 4th through February 28th. Grantees must apply before the end of the application period
7. A Grantee CAN be helped more than once, provided all other grantees have either been served, or have no need of assistance.
8. Funding may be used for costs incurred on or after March 27, 2020.
9. CARES Act supplemental funding shall be used to supplement, not supplant, existing funds.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **How To Apply:**

1. Download and complete the application.
2. Print and sign the completed form, then scan and email to: info@csnowyo.org

### **\*FOR SUB-GRANTEES\***

If you are requesting funds for remote work equipment through this program, please contact your Grantee and have them complete the application process prior to your equipment purchase. These funds are not guaranteed to grantees. ALL expenditures pursuant to this program are subject to prior approval before a reimbursement is made.

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To be completed by Align:

Date application received: \_\_\_\_\_

Approved or Denied (circle one)

Sign-off by Align VP: \_\_\_\_\_

Applicant notification date: \_\_\_\_\_

Payment processing

Date receipt received (attach receipt): \_\_\_\_\_

Approved by Align VP: \_\_\_\_\_

Check # and Date: \_\_\_\_\_

Mailed on: \_\_\_\_\_