

RUSHVILLE — Non-profit organizations, including volunteer fire and EMS serving Rush County, can now apply for grant dollars earmarked to help those organizations and their clients who were hardest hit by COVID-19.

A Rush County ARP Committee has been formed of Commissioner Ron Jarman, County Councilwoman Amy Grocox, Councilman Carl Harcourt, Auditor Tammy Justice and Treasurer Jodi Harr.

This group will look over the applications and make recommendations to the Rush County Commissioners and Rush County Council to award money to these non-profit groups.

The committee worked through what the goals of the non-profit ARP dollars should be, then developed the process, application, and grant report.

All documents will be available on the Rush County's website on October 15, 2021.

As a committee, we feel that the funds are intended to provide a much-needed boost to non-profits that experienced a turbulent last year-and-a-half, during which the need in the community outpaced donations. In-person fundraising opportunities were also limited due to health precautions.

Once funding is awarded, we will have a signed grant agreement that will show proof that the funds were needed.

If you have any questions, please contact

Rush County Treasurer
PO Box 291
Rushville, IN 46173

Or by email

treasurer@rushcounty.in.gov

Applications are to be mailed to Rush County Treasurer and are due Nov 15, 2021.

APPLICATION FOR RUSH COUNTY NON-PROFIT ORGANIZATIONS TO REQUEST FUNDS FROM RUSH COUNTY AMERICAN RECOVERY PLAN FOR LOSS OF INCOME DURING THE COVID-19 HEALTH EMERGENCY

- This request will be for income that was lost during 2020 due to the COVID-19 Pandemic
- Please attach to this application the amount of income you received in 2018, 2019 and 2020
- The application is due by November 15, 2021. It can be mailed to:
 - Rush County Treasurer PO Box 291 Rushville, IN 46173 or
 - Delivered to the Rush County Treasurer Office 101 E. 2nd Street

NAME OF ORGANIZATION: _____

MAILING ADDRESS: _____

CONTACT NAME: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

FEDERAL ID NUMBER: _____

AMOUNT REQUESTING: _____

Have you received other reimbursements for COVID Relief such as the Payroll Protection Program? _____

If so, how much and from what program? _____

What programs or services have you had to cut due to your loss of income?

What additional expenses did you have in order to make your environment safe your staff and citizens?

**FEEL FREE TO ATTACH ADDITIONAL SHEETS IF NECESSARY

THIS SECTION IS FOR OFFICE USE ONLY:

DATE RECEIVED:

DATE REVIEWED:

APPROVED DENIED

PERCENT OR AMOUNT REFUNDED:

DATE REFUNDED:

SIGNATURE OF APPROVAL BY COMMITTEE:
