



Ridgefield Non-Profit Food Bank Grant Application

Please provide the following information:

Registered Organization Name:	
Business License No: (if any) (UBI with Ridgefield Endorsement Number)	Primary Contact Name and telephone number:
Business Address: (Must be within City limits)	Mailing Address: (If different)
Telephone No.:	Email Address:
Organization Description:	
How long has this organization been in operation in Ridgefield _____	
Is this organization current on all federal and state business licensing requirements? _____ Yes _____ No	
Is this organization a not-for-profit organization providing food and other emergency items and services to the Ridgefield community? _____ Yes _____ No	
Was this organization negatively affected by Covid-19? _____ Yes _____ No	
Is this organization or any of its owners currently suspended, debarred, proposed for debarment, declared ineligible, or voluntarily excluded from participation in any federal transactions? _____ Yes _____ No	
Grant Amount Requested? (\$12,000 limit)	
What eligible uses will the funds be used for?	
Did this organization receive a paycheck protection loan or economic injury disaster loan? _____ Yes _____ No	
Certification: I, (name) _____, the (title) _____ of (organization name) _____, have approved the submission of this application and certify that the information is true and correct. If I/we receive a grant, I/we agree to enter into an agreement with the City of Ridgefield and promise to use the grant funds in the intended manner consistent with the City's eligibility requirements and to provide all documentation necessary for the City to verify use of the funds, if requested. Signature: _____ Date: _____	
Internal Use Only: Received: (date and time) _____ By: _____ Reviewed By: _____ Eligible _____; Amount of Award _____ Ineligible _____; Reason _____ Receipt of Executed Agreement Payment: Date: _____ Check No. _____	