**NC LMSC COVID-19 Relief Grant Application**

**Who is Eligible?**

* All NCMS Clubs/Workout Groups in good standing (whether you are in or out of the water currently).
* Have a Valid Business Tax-ID

**Club/Workout Group:**

* Name:Click or tap here to enter text.
* Address:Click or tap here to enter text.
* City/State/Zip:Click or tap here to enter text.
* LMSC:Click or tap here to enter text.
* Number of USMS Members (as of May 31, 2020):
* Type of Business Entity (I.E. Tax Exempt/Sub S Etc)Click or tap here to enter text.
* Federal Tax ID #:Click or tap here to enter text.
* Gold Club: ☐

**Club Contact:**

* Name:Click or tap here to enter text.
* Email Address:Click or tap here to enter text.
* Phone Number: Click or tap here to enter text.
* Address (If different than Club Address): Click or tap here to enter text.

**Person Completing This Application (If different from Above):**

* Name:Click or tap here to enter text.
* Email: Click or tap here to enter text.
* Phone: Click or tap here to enter text.

### Provide written statements and documentation for the following:

* A description of the financial hardship your program has endured due to the COVID-19 pandemic or are planning to endure based on social distancing guidelines. Examples below:
	+ A shortfall in reserves and cash flow due to loss of revenue for recurring monthly expenses including coaches pay and administrative expenses. Need additional lane space to accommodate swimmers due to social distancing guidelines.
	+ Need to rent space at an alternative facility due to longer-term closure of current pool (e.g. many high school and college facilities are closed until at least the fall).
	+ Need funds to cover additional hours for coaches to be on deck due to social distancing guidelines.
	+ Need funds to cover costs associated with requisite facility lifeguards due to social distancing guidelines.
	+ Need funding to cover additional insurance requirements required by the facility.
* What specific dollar amount do you need to restart your program, when guidelines permit and how will the funds be spent?
	+ When do you anticipate restarting your program?

### Provide a completed W-9 Form for your program.