



Cherry Hill Township
American Rescue Plan Act (ARPA)
State Local and Fiscal Recovery Funds (SLFRF)

Notice of Funding Availability

Federal Assistance Listing Number (ALN): 21.027

Application Questionnaire

Applicant Organization Name: _____

Organization Address: _____

Applicant Name: _____

Applicant Email: _____

Please answer the following questions and submit this form with your grant application on Zoomgrants under the heading, "Additional Information – Please upload any additional information you believe further supports your application".

1. Please confirm that your organization is registered as a nonprofit under section 501(c)(3) or 501(c)(19) of the Internal Revenue Code.

Yes No

2. Please confirm that your nonprofit organization provides educational services that support and enhances educational institutions in Cherry Hill Township.

Yes No

3. Please describe what type of support or educational services your organization provides:

Certificationsa

GRANT PREPARER CERTIFICATION: I hereby certify that the statements and documents submitted herein are true and the funds requested adhere to the Cherry Hill Township Grant guidelines. Please acknowledge by signature below.

Organization Name: _____

Authorized Official Name (Print): _____

Title: _____ Date: _____

Signature: _____