

COVID-19 Related Funding Opportunities and Other Funding Opportunities				Last updated 5/4/20 – new updates are in red. Recently added opportunities are highlighted in yellow.				
Funding Opportunity	Source	Type	Brief Description	Eligibility	Funding Amount	Timeline and Deadlines	Application Instructions and Other Details	Link to Guidance and Application
Small Business Administration (SBA) Paycheck Protection Program (PPP) Loans	Federal	Loans (forgivable)	Small Business Administration (SBA) loans that incentivize small businesses, including nonprofits, to keep workers on their payroll. Loan amounts are forgiven if the business uses at least 75% of the loan amount for payroll costs over the 8-week period after the loan is issued, while maintaining staff and compensation levels.	<p>Small businesses with 500 or fewer employees that meet SBA industry size standards, including:</p> <ul style="list-style-type: none"> • nonprofits; • veterans organizations; • sole proprietorships; • self-employed individuals; and • independent contractors. <p>Businesses and nonprofits with 500+ employees may still be eligible if they meet SBA industry size-standards. Eligibility under these standards can be determined using the SBA tool here.</p> <p>Update: On 4/24, the SBA released an interim final rule (IFR), available here, that clarifies that government-owned hospitals are eligible for PPP loans if they receive less than 50% of their funding from state or local governments, excluding Medicaid. The IFR guidance excludes hedge funds and private equity firms, as well as any applicant currently involved in bankruptcy proceeding, from receiving PPP loans.</p>	<p>Update: On 4/24, H.R. 266, the “Paycheck Protection Program and Health Care Enhancement Act” was enacted into law and added \$320 billion to this program. Previously, the first \$349 billion that had been appropriated to this program was exhausted by 4/16.</p> <p>The maximum individual loan amount is formula-driven (2.5x the organization's average monthly payroll costs from the 2019 calendar year, subject to a \$10 million cap)</p> <p>Loan forgiveness will be reduced for businesses that:</p> <ul style="list-style-type: none"> •Decrease full-time employee headcount. •Decrease salaries and wages by more than 25% for any employee making less than \$100K annualized in 2019. •Fail to restore full-time employment and salary levels for any changes made between Feb 15 and Apr 26 (must be restored by June 30, 2020). 	<p>Update: On 4/27, the SBA has resumed accepting applications from participating lenders.</p>	<p>Loans can be used to cover:</p> <ul style="list-style-type: none"> •payroll costs (i.e. salary, wages, commissions and tips capped at \$100,000 annually per employee; benefits including vacation, parental, family, medical or sick leave; health care benefits and insurance premiums; retirement benefit payments; state and local taxes assessed on compensation); •mortgage interest (Incurred before Feb 15); •rent (incurred before Feb 15); and •utility payments (incurred before Feb 15) <p>The loan has a maturity of 2 years with a fixed interest rate of 1.00%. Payments are deferred for 6 months.</p>	<p>https://www.sba.gov/funding-programs/loans/paycheck-protection-program-ppp</p> <p>FAQ is available here (updated 5/3).</p>
Small Business Administration (SBA) Economic Injury Disaster Loan (EIDL) and EIDL Emergency Loan Advance	Federal	Loans, Loan Advances	<p>Small Business Administration (SBA) working capital loans to provide economic support to small businesses, including nonprofits, to help overcome temporary loss of revenue.</p> <p>In response to COVID-19, applicants can also request a loan advance (maximum \$10,000) that does NOT need to be repaid, even if the applicant ultimately is turned down for the loan.</p>	<p>Small businesses with 500 or fewer employees, including:</p> <ul style="list-style-type: none"> • private nonprofit organizations; • 501(c)(19) veterans organizations; • sole proprietorships, independent contractors, and self-employed individuals. <p>Businesses and nonprofits with 500+ employees may still be eligible if they meet SBA industry size-standards. The SBA tool to determine such eligibility is available here.</p>	<p>Update: On 4/24, H.R. 266, the “Paycheck Protection Program and Health Care Enhancement Act” was enacted into law and added \$60 billion to this program (\$50 billion for loans and \$10 billion for the emergency advances). Previously, program funds had been exhausted by 4/16.</p> <p>EIDL loans: Businesses can borrow up to \$2 million</p> <p>EIDL Emergency Loan advance (no repayment necessary): The advance amount is determined by the organization's number of pre-disaster employees (\$1,000 per employee for up to 10 employees, e.g. maximum of \$10,000).</p>	<p>Update: As of 4/27, the SBA states that it will resume processing EIDL Loan and Advance applications that are already in the queue on a first come, first-served basis. Due to limited funding availability, new applications are being accepted for agricultural businesses only.</p>	<p>EIDL loan terms are as follows:</p> <ul style="list-style-type: none"> • Interest rates for small businesses is 3.75% and most private nonprofits is 2.75 % • Terms up to 30 years <p>Loan funds can be used to cover fixed debts such as rent, payroll costs, accounts payable, and some bills that could have been paid had the disaster not occurred.</p>	<p>Information on the EIDL emergency loan advance is available here.</p> <p>Applications for EIDL loans and loan advances may be submitted here.</p> <p>For questions, call 1-800-659-2955 or TTY: 1-800-877-8339 or email DisasterCustomerService@sba.gov.</p>

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<p>Provider Relief Fund (part of the Public Health and Social Services Emergency Fund under the CARES Act): update 4/24: H.R. 266, the “Paycheck Protection Program and Health Care Enhancement Act” was enacted into law, which appropriates an additional \$75 billion to this program (which previously had been allocated \$100 billion through the CARES Act), for a total of \$175 billion.</p> <p>Provider Relief Funds are used to support providers experiencing healthcare-related expenses or lost revenue attributable to COVID-19. This fund contains several targeted allocations that address different provider needs.</p>	Federal	Direct Payments	<p>General Distribution Funds for all Medicare FFS providers and facilities: used to replace a percentage of a provider’s annual gross receipts, sales, or program service revenue</p>	<p>All providers and facilities who have fulfilled the following requirements:</p> <ul style="list-style-type: none"> Billed any fee-for-service Medicare in 2019; and After 1/1/20, provided diagnoses, testing, and/or care for individuals with possible cases of COVID-19. HHS broadly views every patient as a possible case of COVID-19. 	<p>\$50 billion total allocation: On 4/10 and 4/17, an initial \$30 billion was distributed via direct deposit to all facilities and providers that received Medicare FFS reimbursements in 2019. Payments were proportional to providers’ share of 2019 Medicare FFS reimbursement.</p> <p>Update: Beginning 4/24, an additional \$20 billion will be distributed to providers who received funding from the initial \$30 billion tranche. The additional funds will be used to augment the provider’s previous payment so that the provider’s total allocated payment is proportional to their 2018 net patient revenue. While some providers will automatically receive advance payments based off their revenue data submitted in CMS cost reports, providers without adequate cost report data on file will need to submit their revenue information to the General Distribution Portal, available here.</p>	<p>4/10 and 4/17: Initial \$30 billion was distributed.</p> <p>Beginning 4/24: An additional \$20 billion will be distributed.</p>	<p>Updated 4/27: Providers who have not automatically received payments from the new \$20 billion tranche will need to submit the following information: their “Gross Receipts or Sales” or “Program Service Revenue” from their federal income tax return; Estimated COVID-19 related revenue losses in March and April; A copy of the most recent tax return; and listing of the the provider’s subsidiary organizations that have received relief funds but that do not file separate tax returns.</p> <p>As a condition to receiving funds, providers must certify that they will not seek to collect from presumptive or actual COVID-19 patients out-of-pocket expenses in an amount greater than what the patient would have otherwise been required to pay if the care had been provided by an in-network provider. Other terms and conditions to receive funds are detailed here.</p>	<p>Updated 4/27: The HHS site provides details about the distribution methodology of funds here. The FAQ is available here.</p> <p>Providers who need to submit revenue information to the HHS to receive funds from the additional \$20B general distribution tranche can access the General Distribution Portal here. All providers who receive general distribution funds must submit an attestation confirming receipt of funds and agreement to terms and conditions (described here and here) within 30 days of receiving payment. The attestation portal is available here.</p>
		Claims reimbursement	<p>Allocation for treatment of uninsured: Used to reimburse healthcare providers, at Medicare rates, for COVID-related treatment of the uninsured.</p>	<p>Every health care provider who has provided treatment for uninsured COVID-19 patients on or after 2/4 can request claims reimbursement through the program and will be reimbursed at Medicare rates, subject to available funding.</p>	<p>Allocated from the total provider relief fund and subject to available funding; no details have been provided yet about the total amount of reimbursement.</p> <p>Reimbursement will be made for qualifying testing and treatment services with a primary COVID-19 diagnosis. Excluded services include: Air and water ambulance; any treatment without a COVID-19 primary diagnosis, except for pregnancy when the COVID-19 code is listed as secondary; hospice services; outpatient prescription drugs covered under Medicare Part D.</p>	<p>Updated 4/27: Program timeline:</p> <ul style="list-style-type: none"> 4/27 – Registration for the program begins, available here 5/6 – Begin submitting claims electronically Mid May –begin receiving reimbursement 	<p>To receive funds via direct deposit, providers should</p> <ul style="list-style-type: none"> enroll as a provider participant; check patient eligibility and benefits; submit patient information; submit claims; <p>As a condition to participate, providers are obligated to abstain from "balance billing" any patient for COVID-19-related treatment. Other conditions are listed here.</p>	<p>Information is available here.</p> <p>Providers can sign up to participate here.</p>
		Direct Payments	<p>Allocation for COVID-19 high impact areas: Targeted distribution to hospitals in areas that have been particularly impacted by the COVID-19 outbreak</p>	<p>Updated 5/1: Hospitals who provided Inpatient care for 100+ COVID-19 patients through 4/10/20. These 395 hospitals accounted for more than 70% of all COVID-19 inpatient admissions.</p> <p>Funding takes into account the amount of care that is provided to low-income and uninsured patients.</p>	<p>Updated 5/1: \$12 billion total allocation (NY share is \$5.026 billion)</p> <p>Funding is allocated using a formula, explained here: each eligible hospital is paid a fixed amount per COVID-19 inpatient admission plus an additional amount based on its Medicare and Medicaid disproportionate share and uncompensated care payments</p>	<p>Deadline has been extended to 4/25. More information is available here.</p> <p>Funds are expected to be distributed beginning the week of 4/27.</p>	<p>Hospitals must submit 4 pieces of information via an authentication portal before the deadline. Hospitals have already received emails from HHS with instructions on how to submit the following information:</p> <ul style="list-style-type: none"> Tax Identification Number; National Provider Identifier; Total number of ICU beds as of 4/10; Number of admissions from 1/1 to 4/10 with a positive COVID-19 diagnosis 	<p>The HHS site provides details about the distribution methodology of funds and is available here.</p>
		Direct Payments	<p>Allocation for rural providers: to address precarious financial positions of rural hospitals</p>	<p>Rural acute care general hospitals, critical access hospitals (CAHs), rural health clinics, and community health centers in rural areas</p>	<p>\$10 billion total allocation (NY share is \$264 million)</p> <p>Updated 5/1: Clinics will receive at least \$100,000 plus additional payments for operating expenses. Hospitals will receive at least \$1 million plus additional payments for operating expenses.</p>	<p>HHS states that this money will be distributed as early as the week of 4/27.</p>	<p>Updated 5/1: Eligible providers will receive funds via direct deposit, based on their physical address reported to CMS and HRSA, regardless of their affiliation with organizations based in urban areas. More information available here.</p>	<p>The HHS site provides details about the distribution methodology of funds and is available here.</p>

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Social Security tax deferrals (CARES Act Provision)	Federal	Tax deferrals	Payroll tax relief program that allow employers to defer the deposit and payment of the employer's share of Social Security taxes. Also allows self-employed individuals to defer payment of certain self-employment taxes.	<p>Nearly all employers and self-employed individuals liable for Social Security payroll tax or self-employment tax are eligible.</p> <p>Exceptions include:</p> <ul style="list-style-type: none"> Employers and self-employed individuals that have received a Paycheck Protection Program loan that has been forgiven. Employers that have had a loan forgiven under section 1109 of the CARES Act. 	Employers can temporarily defer their share of Social Security taxes (i.e. 6.2% of employee wages).	<p>The deferral applies to deposits and payments of the employer's share of Social Security taxes on wages earned between 3/27/20 and 12/31/20.</p> <p>Employers must pay 50% of the deferred taxes by 12/31/21 and the remaining 50% by 12/31/22. Employers who fail to make timely payments will receive penalties.</p>	<p>The employer's quarterly Federal Tax Return (form 941), will be revised for the second calendar quarter of 2020 (April - June, 2020). Information will be provided in the near future to instruct employers how to reflect the deferred deposits and payments otherwise due on or after March 27, 2020 for the first quarter of 2020 (January – March 2020).</p> <p>In no case will employers be required to make a special election to be able to defer deposits and payments of these employment taxes.</p>	Information is available here .
Employee Retention Credit (CARES Act provision)	Federal	Tax Credit	Fully refundable tax credit for employers, designed to encourage employers to keep employees on their payroll.	<p>Available to almost all employers, regardless of size, that carry on a trade or business during calendar year 2020, including tax-exempt organizations.</p> <p>The exceptions are:</p> <ul style="list-style-type: none"> State and local governments and their instrumentalities; Employers who have received a loan under the Paycheck Protection Program; Self-employed individuals for their self-employment services or earnings. <p>Qualifying employers must meet at least one of the following:</p> <ol style="list-style-type: none"> The employer's business is fully or partially suspended by government order due to COVID-19 during the calendar quarter; Employer experiences a significant decline in gross receipts during the calendar quarter, e.g. the employer's gross receipts are below 50% of the comparable quarter in 2019. 	<p>Employers can earn a credit that is up to 50% of the qualified wages* paid to employees after 3/12/20 and before 1/1/21. Qualified wages are not limited to only cash payments and may also include qualifying health plan expenses.</p> <p>The maximum amount of qualified wages taken into account with respect to each employee for all calendar quarters is \$10,000, so that the maximum credit available for an Eligible Employer is \$5,000 per employee.</p> <p>*The definition of qualified wages is determined by the number of employees:</p> <ul style="list-style-type: none"> For employers with 100 or fewer employees, the credit is based on wages paid to all employees regardless if they worked or not. For employers with more than 100 employees, the credit is allowed only for wages paid to employees who did not work during the calendar quarter. 	<p>Currently, employers can be immediately reimbursed for the credit by reducing the amount of payroll taxes they have withheld from employees' wages that they are required to deposit with the Treasury.</p>	<p>To claim the credit, eligible employers will report their total qualified wages for each quarter on their quarterly employment tax returns or Form 941 beginning with the second quarter.</p> <p>Eligible employers can request an advance payment of the credit by submitting form 7200.</p>	Information is available here . The FAQ is available here .

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CMS Accelerated and Advance Payment Program	Federal	Expedited payments	Expedited lump sum payments for Medicare providers during public health emergencies.	<p>Medicare Part A Providers and Medicare Part B Suppliers who have met the following requirements:</p> <ol style="list-style-type: none"> 1. Have billed Medicare for claims within 180 days immediately prior to the date of signature on the provider's request form; 2. Not be in bankruptcy; 3. Not be under active medical review or program integrity investigation; and 4. Not have any outstanding delinquent Medicare overpayments. 	<p>Providers and Suppliers must request a specific advance amount by submitting an Accelerated/Advance Payment request form to their state's designated Medicare Administrative Contractor (MAC), using the following guidelines:</p> <ul style="list-style-type: none"> • Critical access hospitals (CAHs) can request up to 125% of the Medicare payment amount for a 6-month period. • Inpatient acute care hospitals, children's hospitals, and certain cancer hospitals can request up to 100% of the payment amount for a 6-month period. • Most other providers and suppliers can request up to 100% of the payment amount for a 3-month period. 	<p>Update 4/26: Effective immediately, CMS is reevaluating pending and new applications for Accelerated Payments. CMS has also suspended the Advance Payment Program to Part B providers/suppliers and is not accepting new applications.</p> <p>More information is available at the CMS press release here.</p>	<p>Medicare will begin to recoup advance/accelerated payments 120 days after the date of issuance: During the first 120-day period, providers and suppliers will receive full payments for their claim. After the 120-day period, providers will not receive payment for newly submitted claims and instead will have their payment balance automatically reduced by the amount of each new claim.</p> <p>Inpatient acute care hospitals, children's hospitals, certain cancer hospitals, and CAHs will have up to one year from the payment issue date to repay the balance, without interest.</p> <p>All other providers and suppliers will have 210 days to repay the balance, without interest.</p>	<p>Providers and suppliers must submit request forms to their state's designated MAC; each MAC has their own Accelerated/Advance Payment Request form.</p> <p>New York State's designated MACs are as follows:</p> <ul style="list-style-type: none"> • National Government Services (NGS) is used for Part A/Part B claims and home health and hospice claims. Forms and instructions are available here. • Noridian Healthcare Solutions is used for DME claims. Forms and instructions are available here. <p>Program guidance and the complete list of MAC telephone helplines is available here.</p>
CARES Act provision: Coronavirus Relief Fund	Federal	Direct Appropriations	Direct payments to states, tribal governments, and local governments to cover necessary expenditures incurred from the COVID-19 public health emergency, during the period from March 1-Dec 30, 2020.	<p>States, tribal governments, and local governments with populations of 500,000 or more</p>	<p>\$150 billion total; specific amounts paid to states and local governments are based on population.</p> <p>The amount of payments made to each State will be reduced by the aggregate amount of payments that will be disbursed to eligible local governments within such State. The list of eligible units of local governments is provided here.</p> <p>New York State can receive a maximum allocation of approximately \$7.54 billion, as indicated here.</p>	<p>Deadline passed: State and local governments must submit payment information by April 17 in order to ensure that they will receive payments within the 30-day period after the March 27th enactment of the CARES Act.</p>	<p>Update 4/22: The Department of the Treasury has posted new guidance on how states and governments may use funds. The guidance includes examples of eligible expenditures, including medical expenses, public health expenses, payroll expenses for employees who provide services to respond to the public health emergency, etc.</p> <p>Ineligible expenditures include, but are not limited to: expenses for the State share of Medicaid; damages covered by insurance; payroll expenses for employees not providing services to respond to the public health emergency; expenses that have been or will be reimbursed under any federal program; reimbursement to donors for donated items or services; workforce bonuses other than hazard pay or overtime; severance pay; and legal settlements.</p> <p>The guidance is available here.</p>	<p>https://home.treasury.gov/policy-issues/cares/state-and-local-governments</p>

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USDA Distance Learning and Telemedicine (DLT) Grant	Federal	Grant (match required)	Financial assistance to enable and improve distance learning and telemedicine (DLT) services in rural areas. Funds support the use of telecommunications-enabled information, audio and video equipment, and related advanced technologies by students, teachers, medical professionals, and rural residents to increase rural access to education, training, and health care resources.	<p>Entities legally organized as one of the following:</p> <ul style="list-style-type: none"> • Nonprofit organizations; • For-profit businesses; • Incorporated organizations; • Federally-recognized tribes; • States and local units of government; • A consortium of the above eligible entities. <p>Hub sites located in non-rural areas are not eligible for grant assistance unless they are necessary to provide DLT services to rural residents at end user sites.</p>	<p>\$25 million total</p> <p>Each grant will be between \$50,000 to up to \$1,000,0000</p> <p>Grant applicants must demonstrate matching contributions, in cash or in kind, of at least 15% of the requested grant amount.</p>	<p>Application window: April 14-July 13</p>	<p>Federal grant applications use an intensive process. Application guidance should be reviewed thoroughly and is available here and here.</p> <p>Applications must be submitted electronically through grants.gov. Prior to submitting an electronic application, applicants must:</p> <ol style="list-style-type: none"> 1. Obtain a DUNS number. 2. Register in the federal System for Award Management (SAM) here. 	<p>Overview and funding guidance are available here.</p> <p>The original funding opportunity announcement is available here.</p> <p>Questions can be directed to Shawn Arner, telephone: (202)-720-0800, email: dltinfo@usda.gov.</p>
Robin Hood COVID-19 Relief Fund	Private Foundation	Grant	Grants for nonprofit organizations in New York City that are on the frontlines of relief efforts and serve disadvantaged communities. These nonprofits should have experience providing emergency cash assistance to individuals.	<p>Front-line service 501(c)(3) nonprofit organizations serving New York City.</p> <p>Priority areas include:</p> <ul style="list-style-type: none"> • Vulnerable populations such as low-income and homeless families, low-wage workers, and immigrants • Emergency assistance (e.g. food, shelter, and other basic needs) • Organizations at risk for gaps and/or lost revenue from government and Medicaid contracts • Incurred unexpected expenses (e.g. overtime pay, technology) • Administering emergency cash grants to individuals and families 	<p>Initial grants will average \$45,000</p> <p>Robin Hood has distributed over \$11.6 million to 156 organizations so far through this fund. A list of grantees is available here.</p> <p>Grants may be used to support an organization’s specific programs or general operations.</p>	<p>Rolling application deadline</p> <p>Applicants are encouraged to apply as soon as possible since funds will be awarded until exhausted</p>	<p>Applicants should complete and submit the application form, available here.</p>	<p>Information is available here. Application is available here. The FAQ is available here.</p> <p>Organizations that do not currently receive Robin Hood funding should email relief@robinhood.org with questions.</p> <p>Current Robin Hood Partners should e-mail their program officer with questions.</p>
Mother Cabrini Health Foundation (updated 4/15)	Private Foundation	Grants	Coronavirus Emergency support grants for community-based emergency response funds, healthcare providers, Catholic Charity affiliates serving all faiths, and other organizations.	<p>Domestic 501(c)(3) tax-exempt organizations dealing with COVID-19 may submit an LOI to be considered for this new round of funds.</p> <p>Mother Cabrini typically funds applicant organizations that have an annual budget of \$750,000+ and primarily serve poor, disadvantaged, or underserved New York State residents.</p> <p>Previously, an initial round of the emergency support grants was distributed on an invitation basis only to select organizations.</p>	<p>\$50 million total, with approximately \$75,000-150,000 available per grant</p>	<p>Proposals due May 4 by 5pm EST.</p> <p>Decisions on the next round of funding will be made by the end of May. Selected organizations will be invited to submit full application for an emergency grant.</p>	<p>Applicants must submit an LOI through the MCHF application portal. When filling out the LOI, applicants must select “An initiative intended to help with COVID-19 issues or consequences” as the Project Status in the Narrative section.</p> <p>Qualified applicants will be invited to submit full applications.</p>	<p>Information and guidance is available here.</p> <p>The application portal is located here.</p> <p>Questions should be sent to grantsupport@cabrinihealth.org</p>

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Mother Cabrini Health Foundation (MCHF) Statewide Grants Program	Private Foundation	Grants	Grants to support nonprofit organizations serving low-income individuals, families and communities in New York State.	Domestic 501(c)(3) tax-exempt organizations. Mother Cabrini typically funds applicant organizations that have an annual budget of \$750,000+ and primarily serve poor, disadvantaged, or underserved New York State residents. Cabrini prioritizes proposals that focus on providing direct services and programs.	\$75,000+ per grant	<ul style="list-style-type: none"> • LOIs are accepted from April 15 to June 3 (5pm EST) • By August 20 - All organizations will be notified with a status update and qualified applicants will be invited to submit a full proposal. • Late 2020 - Grants will be issued. 	<p>Applicants must submit an LOI through the MCHF application portal. Qualified applicants will be invited to submit full applications.</p> <p>Organizations may submit multiple LOIs. Proposals for renewals of grants that were awarded in the previous year will be considered. In these cases, grant renewal applications must include interim reports detailing the project's progress to date.</p>	<p>Guidance and application portal is available here: https://www.cabrinihealth.org/apply</p> <p>Questions should be sent to grantsupport@cabrinihealth.org</p>
New York Community Trust - NYC COVID-19 Human Services RFP	Private Foundation	Grants	Grants available for nonprofits to cover COVID-19 related costs, including equipment, personnel costs, and service offerings outside normal operations to respond to social distancing, isolation, and quarantine (ex. meal del	<p>501(c)(3) nonprofit organizations that fulfill the following requirements:</p> <ul style="list-style-type: none"> • receive NYC or NYS government funding and have demonstrated a track record of programming and services for NYC residents • have operating budgets of less than \$20 million, excluding government payments <p>Priority is given to direct service providers, especially those supporting essential healthcare, food delivery, and education services.</p>	<p>\$95 million total (inclusive of funding for the NY Community Trust NYC COVID-19 arts and cultural organizations RFP and Response and Impact Fund Loans)</p> <p>\$10,000-\$250,000 per grant</p>	<p>Grants will cover a 12-week period.</p> <p>Proposals are reviewed on a rolling basis and are accepted until 5/30/20.</p> <p>Update 4/23: This fund is no longer accepting any applications for grants. A press release of the already disbursed grants and loans, totaling \$44 million, is available here.</p>	<p>Funding can be requested in one or more of the following categories:</p> <ul style="list-style-type: none"> • equipment, including technology to support remote work and emergency supplies (cleaning supplies and services) • personnel costs, including temporary staff to cover shortages and payroll obligations jeopardized by lost revenue resulting from facility closures • new and emergency needs, including expanded meal delivery, remote educational programming, and protocols to keep housing insecure individuals sheltered 	<p>Update 4/23: This fund is no longer accepting any applications for grants.</p> <p>Information is available here: https://proposals.nycommunitytrust.org/</p>
New York Community Trust - NYC COVID-19 Response and Impact Fund Loans	Private Foundation	Loans	No-interest loans for NYC nonprofit organizations experiencing revenue delays due to the COVID-19 crisis, particularly those working in the human services, particularly those supporting essential healthcare, food delivery, homeless services, workforce development, educational support, early childhood education, and arts and culture	<p>501(c)(3) nonprofit organization that meet the following criteria:</p> <ul style="list-style-type: none"> • Are based in New York City (can be headquartered elsewhere as long as organization has provided services/programs in NYC for at least 5 years); • Have annual non-governmental revenue of \$20 million or less; • Receive New York City or New York State government funding; • Have a track record of delivering effective programs and services equitably for New York City residents; • Have annual revenue of over \$750,000 	<p>\$95 million total (inclusive of funding for the NY Community Trust RFPs)</p> <p>\$100,000 to \$3 million per loan</p>	<p>Applications are reviewed on a rolling basis and will be considered on a first-come, first-served basis.</p>	<p>Loans can be used for a variety of purposes, including covering delays in government payments for services delivered, postponed fundraising events, and increased expenses to deliver services which will be reimbursed in the future. Loans will be unsecured and have terms of either 12, 24, or 36 months. Full repayment is expected. Financial and cash flow planning coaching will also be available to organizations that receive these loans.</p>	<p>Application is available here. Guidance is available here. FAQ is available here.</p> <p>Contact NYCCOVID19@nff.org for assistance.</p> <p>The application requires the organization to submit an initial intake form to determine eligibility (available at the above application link). After the form is submitted, the organization will receive a notice about eligibility. Eligible organizations can submit full application.</p>

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FCC COVID-19 Telehealth Program	Federal	Grants	<p>Provides eligible health care providers support to purchase telecommunications, information services, and connected devices to provide connected care services in response to the coronavirus pandemic.</p> <p>The COVID-19 Telehealth Program will only fund connected monitoring devices (e.g., pulse-ox, BP monitoring devices), that are themselves connected to provider's EHR/care management systems. Devices must be integral to patient care, and funds cannot be used for unconnected devices that patients can use at home and then share the results with their medical professional remotely.</p>	<p>Open to eligible health care providers that fall within the following categories:</p> <ul style="list-style-type: none"> •Not-for-profit hospitals; •Post-secondary educational institutions offering health care instruction, teaching hospitals, and medical schools; •Community health centers or health centers providing health care to migrants; •Community mental health centers; •Local health departments or agencies; •Rural health clinics; •Skilled nursing facilities; or •Consortia of health care providers consisting of one or more entities falling into the first seven categories. 	<p>\$200 million total, maximum of \$1 million per applicant</p> <p>Award support is based on the estimated costs of the applicant's supported services and connected devices they intend to purchase, as described in each health care provider's respective application.</p>	<p>Update 4/14: The application portal is now receiving applications. Please apply here.</p> <p>Applications will be accepted on a rolling basis and applications will be accepted until funding is exhausted or the pandemic ends.</p>	<p>In advance of filing an application, applicants should first:</p> <ul style="list-style-type: none"> •Obtain an FCC Registration Number (FRN), username, and password from the Commission Registration System (CORES), available here. •Register with the federal System for Award Management (SAM) here. <p>To provide applicants with maximum flexibility to respond to changing circumstances during the pandemic, applicants will not be required to purchase only the services and connected devices identified in their applications. Instead, applicants may use awards to purchase any necessary eligible services and connected devices. In addition, applicants that have exhausted initially awarded funding may request additional support.</p>	<p>Information, application guidance, and the application portal is available here.</p> <p>Organizations that had already submitted applications via email prior to the opening of the application portal do not need to submit another application through the portal. These applications are already under consideration.</p> <p>For questions, please contact Rashann Duvall at (202) 418-1438, Rashann.Duvall@fcc.gov or Hayley Steffen at (202) 418-1586, Hayley.Steffen@fcc.gov. Questions about the application process can be directed to TelehealthApplicationSupport@fcc.gov.</p>
FCC Connected Care Pilot Program	Federal	Grants (cost-sharing required)	<p>Funding available to support towards connected care services, particularly for low-income Americans and veterans.</p> <p>Program is intended to help defray eligible health care providers' costs of providing connected care services. Eligible health care providers will design their proposed pilot projects, select the service providers for the supported services and network equipment, and identify and enroll the qualifying, participating patients.</p>	<p>Open to eligible health care providers, in both rural and non-rural areas, that fall within the following categories:</p> <ul style="list-style-type: none"> •Not-for-profit hospitals; •Post-secondary educational institutions offering health care instruction, teaching hospitals, and medical schools; •Community health centers or health centers providing health care to migrants; •Community mental health centers; •Local health departments or agencies; •Rural health clinics; •Skilled nursing facilities; or •Consortia of health care providers consisting of one or more entities falling into the first seven categories. 	<p>\$100 million total</p> <p>Pilot Program will provide funding for selected pilot projects to cover 85% of the eligible costs of broadband connectivity, network equipment, and information services necessary to provide connected care services to the intended patient population.</p>	<p>Applications for the Pilot Program will be due 45 days from the effective date of the Pilot Program rules or 120 days from the release of the Report and Order (i.e. 120 days from April 4th), whichever is later.</p>	<p>To promote transparency, applications must be submitted through the Commission's Electronic Comment Filing System (ECFS) under WC Docket No. 18-213 at the FCC's electronic filing system, available here.</p> <p>To participate in the Pilot Program, a prospective health care provider must first verify its eligibility to participate by submitting an FCC Form 460 (Eligibility and Registration Form) along with supporting documentation to USAC. After confirmation of meeting the eligibility requirements, the applicant can submit a proposal describing the pilot project to the FCC.</p>	<p>The Report and Order is available here.</p> <p>For questions about the Connected Care Pilot Program, please contact ConnCarePltProg@fcc.gov.</p>

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FEMA Disaster Public Assistance and Disaster Grants	Federal	Grants (cost-sharing required)	<p>FEMA will provide financial assistance for eligible expenses that are a direct result of COVID-19.</p> <p>Eligible expenditures include emergency protective measures (category B) conducted between 1/20/20 and 9/19/20. The following is a non-exhaustive list of eligible category B measures:</p> <ul style="list-style-type: none"> • Virus testing; • Medical supplies & equipment (e.g. PPE); • Shelters or emergency care; • Provision of food, water, ice, and other essential needs; • Emergency Operations Centers; and • Security for temporary facilities. 	<p>Eligible private nonprofit organizations, states, tribes, local governments.</p> <p>Eligible private nonprofit organizations include, but are not limited, to:</p> <ul style="list-style-type: none"> •Hospitals and related facilities (including extended-care units, home health programs, laboratories, and other units); •Clinics; •Nursing Homes; •Hospices; •Long-term care facilities; •Outpatient facilities; •Other facilities providing patient care for convalescent or chronic disease patients; •Community centers; •Homeless shelters; •Food assistance programs; •Senior citizens centers; •Child care facilities. 	<p>\$45 billion total, allocated through the CARES Act</p> <p>FEMA will reimburse reasonable and necessary costs incurred within the specified performance period (i.e. Jan 20 to September 19); there is no funding cap per awardee</p> <p>The federal share of the grant is 75%; applicants have a local cost share of 25%.</p> <p>More information on eligible costs is available in the guidance here.</p>	<p>Currently accepting requests for public assistance (RPAs). The deadline for RPA submissions is 30 days after the end of the declaration of the Public Health Emergency. FEMA will provide a 30-day advance notification prior to any deadline changes. The emergency is ongoing with no end date announced.</p>	<p>RPAs should be submitted directly to the federal grants portal or through the New York State Division of Homeland Security and Emergency Services (NY DHSES), who will submit the RPA through the federal grants portal on the applicant's behalf.</p> <p>Updated 4/23: New York State DHSES is holding virtual briefings to provide guidance on the eligibility standards for being an applicant under a FEMA disaster grant. The briefings schedule for May 4 to May 15 is available here.</p> <p>FEMA is holding webinars to provide an overview of the grants portal. The schedule from May 4 to May 8 is available here.</p>	<p>Information and application guidance is available here, under the active declaration FEMA-4480-DR-NY.</p>
SAMHSA Emergency Grants to Address Mental and Substance Use Disorders During COVID-19	Federal	Grants	<p>Funds to support crisis intervention services, mental and substance use disorder treatment, and other related recovery supports for children and adults impacted by the COVID-19 pandemic</p>	<p>States, territories, and tribes</p>	<p>\$110,000,000 total (up to \$2 million per state and \$500,000 per territory or tribe)</p> <p>New York State received \$2 million to improve accessibility of mental health and substance abuse treatment, focusing on NYC and Westchester, Rockland, and Orange counties. Funding will be used to support NYS OMH and OASAS who has partnered with two behavioral health Independent Practice Association groups (IPAs) for this project. Details about this award can be found here, under the grant award number: FG000286-01</p>	<p>Deadline passed; Applications were due April 10, 2020.</p> <p>The project period is between 4/20/20 and 9/19/21.</p>	<p>Grant funds will be used primarily to support direct services to individuals with serious mental illness and/or substance use disorders.</p> <p>A provider organization for direct client mental and SUD treatment services must be involved in the proposed project. Participating provider organizations must have at least 2 years of relevant experience.</p>	<p>Funding announcement with application instructions</p>
CARES Act provision: Public Health and Social Services Emergency Fund	Federal	Appropriations	<p>Funds are transferred to the Health Resources and Services Administration (HRSA) to carry out telehealth and rural health activities to prevent, prepare for, and respond to COVID-19.</p>	<p>Funds may be distributed through HRSA and may take the form of grants, programs, or other initiatives. There are no specifics about any of these initiatives yet, although presumably these will target rural providers or organizations serving rural residents.</p>	<p>\$180 million total</p>	<p>Funding is available until September 30, 2022.</p>	<p>Funds will be distributed at HRSA's discretion.</p>	<p>Although there are no details yet about how HRSA may distribute funds, HRSA grants are listed here.</p>