



**Emergency Grant Application**

Organization: \_\_\_\_\_

EIN: \_\_\_\_\_ Nonprofit Status: \_\_\_\_\_

Address: \_\_\_\_\_

Website: \_\_\_\_\_

Key Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Amount Requested (limit \$1,000): \_\_\_\_\_

Population Served: \_\_\_\_\_

\_\_\_\_\_

Please attach an explanation of how your organization or the population(s) you serve has been negatively affected by the COVID-19 Pandemic and how these funds will be used to address an emergent community health need.