

# COVID-19 RESPONSE FUND APPLICATION

SERVING BENTON, CARROLL, FOUNTAIN, MONTGOMERY, TIPPECANOE & WARREN COUNTIES

LIVE UNITED®

Contact Name: \_\_\_\_\_

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

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

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Organization Name \_\_\_\_\_ Website \_\_\_\_\_

Organization Address \_\_\_\_\_ City, State Zip \_\_\_\_\_

Is your organization a non-profit corporation designated by the IRS as 501(c)(3) or other nonprofit designation?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If no, is there a fiscal agency to meet this requirement?) \_\_\_\_\_ EIN # \_\_\_\_\_

Which counties are being served?  Tippecanoe  Benton  Carroll  Fountain  Montgomery  Warren

Select the category below that will be supported (Select as many as applicable): **Amount Requested:** \_\_\_\_\_

Healthcare Access and Quality  Education Access and Quality  Social and Community Context

Neighborhood and Built Environment  Economic Stability

For more information regarding qualifying programs and restrictions visit [www.uwlafayette.org/crf](http://www.uwlafayette.org/crf)

Please describe the following: Brief program description, who the program serves, measurable outcomes collected to demonstrate impact of the funds, and demonstrated financial need. Additional clarification may be required. (Attach a separate sheet if necessary)

How has this basic/essential need been caused by or exacerbated by the Covid-19 pandemic?

\_\_\_\_\_  
Executive Director Name

\_\_\_\_\_  
Executive Director Signature

\_\_\_\_\_  
Date

