

COVID-19 Response Fund Request for Support

Funding Overview

Funding is available for 501c3 nonprofit organizations, groups fiscally sponsored by a 501c3 nonprofit organization, or other charitable organizations able to receive tax-deductible contributions, such as schools, faith-based organizations serving community needs, and other public entities based in or primarily serving Greater Waterbury and the Litchfield Hills community and residents.

The fund's resources will be directed to organizations serving high need, economically vulnerable populations. This includes the families of hospitality, retail and other hourly workers, those experiencing homelessness, health care workers, older adults and children relying on school for one or more meals each day, among others.

Requests will be reviewed on a rolling basis by a joint committee comprised of Connecticut Community Foundation and United Way of Greater Waterbury staff.

COVID-19 Response Fund Request for Support

Contact Information and Narrative

* 1. Organizational Information

Legal Name of Organization	<input type="text"/>
Address	<input type="text"/>
City/Town	<input type="text"/>
State/Province	-- select state -- <input type="text"/>
ZIP/Postal Code	<input type="text"/>

* 2. Contact Information of Chief Executive Officer or Executive Director

Name	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

*** 3. Contact Information for Request**

Name

Email Address

Phone Number

*** 4. Program Name or Use of Funds:**

*** 5. Please provide a short description of the COVID-19 related need you are addressing, how you determined this need, and what the funding will be used for. (The comment box will expand as you write.)**

*** 6. Are your organization and/or the clients you serve connected to local COVID-19 response efforts? If so, in what way?**

*** 7. Do you have the capacity to track the population or individuals that will benefit from these funds? Do you need support to collect data? If so, please describe.**

8. What will you be able to report on?

- Number served
- Demographics of population served (e.g. household size, income, town, age, race and ethnicity)
- Use of funds
- Needs of population served
- Other (please specify)

**COVID-19 Response Fund Request for Support
Project Budget**

*** 9. Please provide a description of expenses. (e.g. Staff time to support delivery of meals, \$2,500)**

Budget Item 1	<div style="background-color: #cccccc; height: 25px;"></div>
Budget Item 2	<div style="background-color: #cccccc; height: 25px;"></div>
Budget Item 3	<div style="background-color: #cccccc; height: 25px;"></div>
Budget Item 4	<div style="background-color: #cccccc; height: 25px;"></div>
Budget Item 5	<div style="background-color: #cccccc; height: 25px;"></div>

*** 10. Total Amount Requested from the COVID-19 Response Fund:**

**COVID-19 Response Fund Request for Support
Signatures**

11. Electronic Signature of Person Completing the Application

Name

Title

12. Electronic Signature of Executive Director of Equivalent

Name

Title