

COVID-19 Emergency Relief & Response Fund Application

Green Mountain United Way’s COVID-19 Emergency Relief & Response Fund was created to support the immediate and critical needs caused by COVID-19 and emergency response within the Green Mountain United Way service area of Caledonia, Essex, Orange, Orleans, and Washington counties.

Understanding that every dollar is needed by our community to address the increased critical needs as quickly as possible, we have created a streamlined application process including this form and to be submitted along with a brief letter on agency letterhead describing the need you are requesting funding for. 100% of this fund will be given as small dollar grants ranging from \$250-\$2,000 to essential non-profit agencies who are working to address the following needs, which are aligned with five goals identified by our Accountable Communities for Health regional teams. These goals include work to ensure that individuals are: **Well-Nourished; Well-Housed; Physically and Mentally Healthy; Financially Stable; Have the Ability to Meet Basic Needs.**

Please use your letter to briefly explain (1 page) how this funding will address one or more of the areas of identified needs. Preference for funding will be given to non-profits partners who are members of the Accountable Community for Health leadership teams in the Northeast Kingdom (NEK Prosper) and Washington/Northern Orange County (THRIVE) but application to this fund is not limited to ACH partners. Any request for funds should demonstrate alignment with the shared goals listed above as they relate to needs created or exacerbated by COVID-19.

NONPROFIT ORGANIZATION INFORMATION:

Nonprofit
Organization: _____

Mailing
Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Title: _____

Phone: _____ Email: _____

Amount Requested: (between \$250 -\$2,000)

ELIGIBILITY CRITERIA:

Please initial to confirm the following requirements for your agency to be eligible for requested funding:

____ Currently holds 501(3)(c) non-profit status

____ Complies with all federal and state laws

____ Does not discriminate on the basis of age, handicap, race, sexual orientation, national origin, sex, or gender

____ Maintains all books, receipts, documents, payroll papers, accounting records and other evidence pertaining to costs incurred under this agreement and agrees to make them available if requested

SIGNATURE OF ED/CEO OR AUTHORIZED AGENT:

Signature: _____

Print Name: _____

Title: _____ Date: _____

ADDITIONAL APPLICATION REQUIREMENTS:

In addition to the application form, please submit a letter of request printed on your organization's letterhead containing the following information:

- Brief description of your agency's mission
- Specify area of need directly related to COVID-19 or the response to COVID-19, or related issues
- Brief description of how these funds will help to support either one or more of the following areas: well nourished, well housed, mentally and physically healthy, financially stable, ability to meet basic needs
- How will these funds be specifically used (brief description of items in need of purchase or program costs to support the area of need)

HOW TO SUBMIT:

Please submit your application and letter of request as either a Word Documents or PDF via email to tkristen@gmunityedway.org or to the below address (email applications preferred):

Green Mountain United Way
Attn: Tawnya Kristen
73 Main Street, #33
Montpelier, VT 05602