

**United Way of Northeast Kentucky COVID-19 Response Fund Application – July 2020**

<b>Organization Name</b>						
<b>Address</b>						
<b>Contact person name (and relationship to organization)</b>						
<b>Email address</b>						
<b>Phone</b>						
<b>Tax ID Number (EIN)</b>						
<b>Dollar Amount Requested (check one)</b>	<input type="checkbox"/>	<b>\$500.00</b>	<input type="checkbox"/>	<b>\$1,000.00</b>	<input type="checkbox"/>	<b>\$2,500.00</b>
<b>Counties served</b>						
<p><b>Briefly share the work your nonprofit is doing to address the basic human needs of vulnerable populations in our area. To help us expedite grantmaking we encourage you to provide this information in short bullet points. (maximum 250 words) (If your agency is cooperating with other agencies, mention that as well.)</b></p>						
<p><b>Briefly share the financial needs of your nonprofit to provide these services. Try to be specific on how the grant funds would be utilized. (If applying for expense reimbursement, an invoice or other related information would be helpful.)</b></p>						
<p><b>What are your other funding resources for these services/programs? (federal/state grants, insurance reimbursements, fundraising, other emergency grants, etc.)</b></p>						
<p><b>Additional information may be requested to aid the Council in making selections.</b></p>						
<p><b>Email completed grant request forms to <a href="mailto:uway@uwnek.org">uway@uwnek.org</a></b></p> <p><b>OR</b></p> <p><b>Mail to PO Box 2285 Ashland, KY 41105</b></p>						