



## COVID-19 Relief Grant Application

### **Application Deadline Friday, July 31, 2020**

Requests must be \$2,500 or less

Eligible applicants must meet the below qualifications to be considered for funding.

- Agency is a Wilson County, NC 501 (c) (3) organization, or other public charity or exempt operating foundation
- Funding is for programs addressing the \*basic needs of Wilson County NC residents impacted by COVID-19
- Agency has a minimum 5 year history of providing services in Wilson County NC
- Agency will provide a Balance Sheet (Year-to-Date) of most recent month-end closing period and Profit and Loss Statement.
- Agency agrees to provide reporting documents outlining the use of the grant funds by August 30, 2020
- By checking here, your agency, agrees to the following:

To use the grant for its intended purpose as outlined in the grant application. Failure to use the funds in the manner agreed will result in forfeiture and immediate repayment of the awarded grant.

Completing this application does not guarantee funds will be awarded. A decision will be made based on current need, funds available for distribution and review of all requested documentation. Agencies will be notified via email by as to the decision of the COVID-19 Relief Fund Volunteer Committee

*This funding is not part of the Annual United Way Campaign Funds.*

*Please be aware that not all Agencies will receive funding.*

*We appreciate the work of each applying organization, and we hope you know that if your organization is not funded it is not a reflection of the programs or services that your organization provides to our community.*

*\*basic needs for consideration are food, shelter and financial stability.*

Only applications received by noon on Monday, April 13, 2020  
will be considered for funding

Agency Name:

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Primary Contact - Name

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Email Address for Primary Contact

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County Served

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Phone: ( ) - , (Ext. )

Alt. Phone: ( ) - , (Ext. )

Web-site:

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EIN: -

Checking here indicates that your organization is a 501(c)(3) organization in good standing with the IRS.

Insert Mission Statment in the space below:

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Signature Board President

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Signature Executive Director

Amount of Request                    \$

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*Please describe in the space below what urgent needs will your program address with these funds, what expenses these funds cover and the number of individuals that will be served with these funds.*

