



## COVID RELIEF & CRISIS ASSISTANCE GRANT APPLICATION

If applying for this grant, please note that The Youngstown Foundation's catchment area is the City of Youngstown and vicinity.

### **Applying Agency**

Date: \_\_\_\_\_

Amount of Request:\$ \_\_\_\_\_

Organization Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & ZIP: \_\_\_\_\_

Executive Director/CEO/President Name:

\_\_\_\_\_

Phone: \_\_\_\_\_

Contact for grant application if different from above:

\_\_\_\_\_

Phone: \_\_\_\_\_

(please print)

### **ORGANIZATIONAL INFORMATION**

Agency Mission/Purpose:

## **PURPOSE OF GRANT**

1. Describe the need your organization is addressing in response to COVID-19 or the crisis you are experiencing:
2. How has COVID-19 or the crisis your organization is experiencing impacted your ability to provide existing or additional services to your clients?
3. How are you going to address this challenge?
4. Other funding sources for this project:

## **EVALUATION**

1. Anticipated results:
2. Long Range Plan/Solution:
3. State timeline for implementation and/or completion:

**SUPPORTING MATERIAL**

- Current year Operating Budget
- Most recent Audit or Financial Statement
- Current Board Roster
- Executive Staff Roster
- I.R.S. letter verifying tax-exempt status

Signature of individual completing the form: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_