

EMERGENCY COVID ASSISTANCE GRANT APPLICATION

Designed for non-profits who can provide immediate assistance to a vulnerable population in Forest Grove.

Sponsor: _____ Tax ID # _____
(N/A for City Board or Commission)

Contact Person: _____ Daytime Phone: _____

Address: _____ Email Address: _____

City: _____ State: _____ Zip: _____

Signature: _____

PROJECT INFORMATION

A. Project Title _____ **Amount Requested:** \$ _____

B. Mark all of the goals below which your project meets and explain how:

✓	Goals	How project meets this goal (be clear & specific)
	Improve the appearance or environmental quality of the community	
	Reduce the amount or toxicity of waste	
	Increase reuse and recycling opportunities	
	Result in rehabilitation or upgrade of real or personal property owned or operated by a nonprofit organization having 501(c)(3) status under the Internal Revenue Service code	
	Result in the preservation or enhancement of wildlife, riparian zones, wetlands, forest lands and marine areas, and/or improve the public awareness and the opportunities to enjoy them.	
	Result in improvement to, or an increase in, recreational areas and programs	
	Result in improvement in safety	
	Benefit youth, seniors, low income persons and/or underserved populations.	

C. Brief Project Description and Explanation of how the COVID funds will be used:

D. Estimate how many Forest Grove residents will benefit if this project is funded.

Who will benefit if this project is funded? _____

E. PROJECT BUDGET

How were these costs estimated (quotes, catalog, previous projects, etc.)?

Breakdown estimated costs by source:

	COVID	Sponsor	Other #1	Other #2
Personnel Services				
Supplies				
Capital				
Materials				
Other (please explain):				
Total				

Total Estimated Costs: _____

% of Total Budget provided by Sponsor: _____

