



**COVID-19 RAPID
RESPONSE
FUND
REQUEST**

Date Submitted: _____

ORGANIZATION INFORMATION

Legal Name of Organization

Address

City State Zip County

Primary Contact

Organization Phone Web Address

Staff: _____ full-time _____ part-time _____ volunteers

REQUEST INFORMATION

Amount Requested \$

Purpose of Request:

Project Start Date

Statement of Need (Elaborate your objectives. Describe the community and/or agency needs or problems this effort will address)

DEMOGRAPHICS SERVED BY THIS REQUEST

Characteristics of People Served

Counties in which you provide services

REQUIRED DOCUMENTS

- **CO19 Rapid Response Fund application.**
- **Fund Request Proposal**
- **Budget Need.** Program budget with narrative.
- **Tax Status.** Verification of the organization's or fiscal agent's tax-exempt status under Section 501(c)3 and 509(a) of the IRS code. If using a fiscal agent, please include notarized Letter of Authorization
- **Financial Statement.** Submit most recent Form 990 or Audited documents.

COMMENTS/NOTES