



Montgomery County Community Foundation

P.O. Box 334, Crawfordsville, IN 47933

Phone (765) 362-1267 Mobile (765) 376-1297

Send completed form to cheryl@mccf-in.org

COVID-19 Emergency Assistance Grant

Name of Organization **Address, City, Zip**

Contact Name **Title** **Phone #**

Email Address **Website** **Federal ID #**

This form is to be used specifically for need related to the COVID-19 pandemic. Priority areas are Food Insecurity, Child Care, Health, and Human Services. Knowing the urgency of these matters, our goal is to make decisions and have payments dispersed within 5 business days. Select the focus of this request.

Food Insecurity

Child Care

Health

Human Service

Describe the Need:

Which best describes COVID-19's effect on this need:

Increased demand for services from clients.

Cancellation of programs or services resulting in lost revenue.

Disruptions or changes in how services are delivered.

Describe *how* the need will be addressed:

Total Project Budget (*Program supplies, equipment, stipends etc.*):

Item	Cost
Total:	

Amount Requested:

If the full amount needed is not being requested, has the balance been committed by the organization or another source? Explain.

What is the time line for implementation?

Signature of Board President or Executive Director

Date

For MCCF office use only

Approved

Declined

Executive Director's Signature _____

Date _____