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**COVID-19**

**Emergency Relief Fund Application**

Please contact Kelly Bulmer at [kelly@uwfcin.org](mailto:kelly@uwfcin.org)

or call 765-647-2789 for more information about this application.

*United Way of Franklin County positively impacts the lives of those in our community by assessing needs, uniting partner agencies, organizations and volunteers and devoting our financial resources and efforts to the most critical needs.*

**United Way of Franklin County**

**P.O. Box 105**

**Brookville IN**

**Phone: 765 647 2789**

[**www.uwfcin.org**](http://www.uwfcin.org)

**ELIGIBILITY REQUIREMENTS**

In response to the COVID-19 outbreak and economic fallout, this funding can be used for organizational needs as well as for direct client assistance for food and household supplies, rent/mortgage assistance, utilities assistance, ‘essential workers’ child care and other emergent needs. Due to the fluid situation of this emergency, organizations will be permitted to apply for emergency funding more than once as additional needs arise. To be eligible for Emergency Funding from United Way of Franklin County, applicant organizations must:

* Be recognized by the IRS as a non-profit under IRS code 501(c)3.
* Serve residents in Franklin -OR- Ripley Counties.
* Have an emergent organizational need or have process to provide direct individual assistance for emergent needs.
* Be able on a monthly basis until funds are expended:
  + Provide proof of intended use of funds via receipts, photos, etc.;
  + Report of outputs, outcomes, and impact based on the items selected in this application;
  + Provide a success story for your program (if possible with appropriate releases and a photo); and
  + Engage in calls regarding COVID-19 response as scheduled

**APPLICATION INSTRUCTIONS**

Organizations should use this application to request emergency funds. Below are the instructions to aid you as you complete the application:

* Answer all questions in the column to the right of the questions in the tables. Tables will expand as you enter your responses but be sure to not exceed the character limit for each question.
* Follow all character limits when responding to questions—applications that exceed response character limits will be automatically disqualified. Character limits do not include spaces in character count. Character count can be found by highlighting the text you would like counted and clicking the word count on the left side of the bottom toolbar. Character count can also be found in the Word Count function under the “Tools” or “Review” menus in the top toolbar. Look for the count next to *“Characters (no spaces)”*.

**SUBMISSION INSTRUCTIONS**

**Please submit the completed application to Kelly Bulmer** at kelly@uwfcin.org**.** If you have any questions or concerns please contact Kelly, by email or 765-647-2789.

\*Please note that if you receive emergency relief funding from United Way of Franklin County , you will be responsible for providing proof of intended use of funds via receipts, photos, etc. on a monthly basis until funds are expended.

**United Way of Franklin County**

**COVID-19 Emergency Relief Funding Request Application**

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| --- | --- |
| **Organization Information** | |
| **Organization Name:** |  |
| **Leadership Name & Title:** |  |
| **Telephone:** |  |
| **E-Mail:** |  |
| **(If different than above) Application Contact Name & Title:** |  |
| **Telephone:** |  |
| **Email:** |  |
| **Address:** |  |
| **Organization is Certified as a 501(c)(3) and in Good Standing:** | **[ ] Yes**  **[ ] No** |
| **Brief Agency Description:**  *[1600 characters maximum]:* |  |
| **Did your Organization apply for the Payroll Protection Program?** | **[ ] Yes**  **[ ] No, If no, please explain.** |
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| **Emergency Information** | |
| **Please briefly describe the emergency that this funding would address.** *[1600 characters maximum]:* |  |
| **Please provide a simple budget for how funds would be used.** |  |
| **Please detail how many clients you would assist with direct assistance or how many would be affected with organizational funding.** *[1600 characters maximum]:* |  |

|  |  |
| --- | --- |
| **Funding Request and Budget Information** | |
| **Amount of Funding Request:** |  |
| **Please list the other Funder(s) you have approached for assistance and the status of the request(s).** *[500 characters maximum]:* |  |
| **If you do not receive the full amount requested, how will that affect your organization?** *[1600 characters maximum]:* |  |
| **If you receive the funds will you be able to provide proof of appropriate use of funds.\*** | **[ ] YES**  **[ ] NO** |

|  |  |
| --- | --- |
| **Reporting Measures & Communication** | |
| **Please check (all that apply) which outputs, outcomes, and impact you will report to United Way based on this funding.** | **[ ] # of individuals who access affordable housing, financial products, and/or services**  **[ ] # of referrals made to other organizations for self-sufficiency services**  **[ ] # of individuals served who access financial education services**  **[ ] # of individuals participating in health food access/nutrition programs**  **[ ] # of volunteers engaged in addressing community needs**  **[ ] # of social sector jobs retained through organizational financial supports**  **[ ] # of children (0-5) enrolled in childcare or early childhood programs**  **[ ] # of children receiving literacy supports in grades K-3**  **[ ] # of families, caregivers, served that are provided with information, resources, tools, trainings, &/or teaching skills**  **[ ] # of elementary/middle/high school youth served who participates in school and or community-based out of school time programs and/or receive individualized supports**  **[ ] # of individuals served with access to healthcare services and supports**  **[ ] # of individuals served with access to healthcare insurance**  **[ ] Other- Enter Below** |
| **Please enter any other reporting measures you will use to track outputs, outcomes, and impact ).** *[1600 characters maximum]:* |  |
| **Please check if you’ll be able to provide monthly, one success story for your program. The story should provide information about program outcomes for an individual, group of individuals, or for the community. UWFC may use this for marketing and communication purposes. Proper Release of Information will be required for stories.** *[1600 characters maximum]:* |  |
| **How will you ensure effective information sharing, collaboration, and coordination with key partners?** *[1600 characters maximum]:* |  |

**Upon completion of the application, please turn in via email to Kelly Bulmer at** [**kelly@uwfcin.org**](mailto:kelly@uwfcin.org)