United Way of the Upper Ohio Valley Community Response & Recovery fund will provide resources to non-profit organizations in our region working with communities who are disproportionately impacted by Coronavirus and the economic consequences of this outbreak. The Fund is designed to address aspects of the outbreak as efficiently as possible.

Because the restrictions from COVID-19 are ongoing, we plan to award grants in phases.

**This application is for Emergency Phase 1 funding.**  We ask that you apply for this funding if your program has immediate needs that need met by May 1st.  If your program needs are not immediate, please consider waiting and applying for Phase 2 so that emergency situations can be addressed first.

Funding range: up to $5000

* Nonprofit organizations are encouraged to submit applications as soon as possible.
* Applications will be reviewed as they are received.
* Applications for Phase 1 will conclude April 17th
* Please email your completed application to**jrine@unitedwayuov.org****.**
* **Applications will not be accepted via mail.**

Funding Priorities include:

* Emergency food, shelter and other basic needs
* Expansion of service capacity related to increased demand for direct services
* Access to health care services for uninsured and under-insured clients

Guidelines:

We may receive a high volume of requests for these funds so applicants are advised that we do not expect to be able to cover all funding requests or fund the full amount of each request.  We are committed to making the best use of available resources to address the highest priority needs.

To address these concerns, applicants are limited to nonprofit and faith-based organizations that are:

* located in Brooke, Ohio, Marshall, Wetzel and Tyler Counties in WV and Belmont County in OH.
* providing services to residents of these counties
* registered as a charitable organization with the appropriate state agency – or exempt.

Application for Emergency COVID-19 Funding

Response and Recovery Fund

SECTION 1

Agency Name Request Amount $

Contact Person Title

Contact Number Email

Address EIN#

City State Zip

Target Population: (including county served)

Expected Outcomes: (how many people served, what goal you hope to reach, etc.)

Brief description of requested programs and how it has been impacted by COVID-19:

Is this a new program in direct response to COVID-10 restrictions?

Are you collaborating with any other agencies on these efforts?

Have you requested COVID-19 Response funding from another organization?

If Yes, who and have you received confirmation on the funding?

Will this grant fully fund this program’s needs?