 

SWI COVID-19 Response Fund

ORGANIZATION INFORMATION

**What is your organization’s legal name?**

**What is your organization’s EIN?**

**Which of those describes your organization?**

|  |  |
| --- | --- |
| 501c3 Public Charity |  |
| Government |  |

**Please provide the following information for the primary contact person:**

|  |  |
| --- | --- |
| Full Name |  |
| Title |  |
| E-mail |  |
| Phone Number |  |
| Organizational Mailing Address |  |

PROPOSAL INFORMATION

**Identify which of the three funding areas applies most closely to your request. Please select one:**

|  |  |
| --- | --- |
| Emergency Assistance to Vulnerable Populations |  |
| Public Health Expanded Infrastructure |  |
| Continuity of Nonprofit Operations |  |

**How much are you requesting?**

**What is the total budget for your program?**

**What geographic area will be served by this request?**

**Will this funding expand an existing program or start a new program?**

**Please describe how you intend to use the funds.**

SPECIFIC QUESTIONS

Answer only the questions below that apply to the category you selected above.

1. Emergency Assistant to Vulnerable Population:

**How many people do you expect to serve with this funding?**

**How is case management provided as part of this program?**

1. Public Health Expanded Infrastructure:

**How would the funding support an innovative and/or coordinated approach to responding to the COVID-19 virus?**

1. Continuity of Nonprofit Operations:

**How is COVID-19 disrupting your operations?**

**Projecting forward over the next 3 months, what is the expected gap in payroll and when will it happen?**

**Please provide the last set of financials approved by your board.**

**PLEASE SEND YOUR COMPLETED APPLICATION TO SWICOVIDRESPONSE@GMAIL.COM**