

West Central Initiative

RESILIENCY FUND GRANT APPLICATION

APPLICANT INFORMATION

Organization name:

Organization address:

City:

State:

ZIP code:

Applicant organization phone:

Applicant organization Employer Identification Number (EIN):

Contact person:

Title:

Telephone:

Email:

FISCAL AGENT (IF DIFFERENT FROM ABOVE)

Name:

Address:

City:

State:

ZIP code:

Contact person:

Title:

Telephone:

Email:

Fiscal agent's EIN:

PROJECT INFORMATION

Name of Project:

Cash requested from WCI

Total project cost (cash plus in-kind)

Project start date:

Project end date:

Please provide a 2-3 sentence summary of the project for which you are requesting funds:

Geographic area served by project:

Due to the pandemic, identify the increased need you are seeing in the community and how it has affected your ability to provide services.

What is your current and/or planned response?

Please estimate your increased costs and/or decreased revenue from this pandemic.

Please provide a description of any new, increased or changed services and for what you will use this funding.

SUSTAINABLE DEVELOPMENT GOAL(S)

Goal 1:

Please explain how your project addresses this goal.

Goal 2:

Please explain how your project addresses this goal.

Goal 3:

Please explain how your project addresses this goal.

Project Budget:

CERTIFICATION	
I certify that the information contained in this grant application is true and correct to the best of my knowledge and belief, and that I have the authority to apply for the funds requested.	
Name:	
Title:	
Date:	

DRAFT