

# Contra Costa Regional Health Foundation

## COVID-19 RAPID RESPONSE FUND APPLICATION - WAVE 2

This is to be used as a guide only. Do NOT print and fill out this application.

Applications will only be accepted online. \*Required

1. Is this application for an Individual/Family or Organization? \*
2. Please choose a grant category. \*
  - a. Small (Up to \$5,000)
  - b. Medium (\$5,001 to 10,000)
  - c. Large (\$10,001 to \$25,000)
3. Grant Amount Requested \*
4. Is your organization a non-profit 501(c)(3) \*
5. Please provide your EIN or Tax ID Number \*
6. Organization Information
  - a. Name
  - b. Mailing address
  - c. Phone Number
  - d. Website
7. Executive Information (CEO, Executive Director, etc)
  - a. Name
  - b. Title
  - c. Email
  - d. Phone Number
8. Financial Contact Information (CFO, Controller, Finance Manager, etc)
  - a. Name
  - b. Title
  - c. Email
  - d. Phone Number
9. Grant Contact Information (if applicable)
  - a. Name
  - b. Title
  - c. Email
  - d. Phone Number
10. Briefly describe your organization's Mission and services provided. \*

11. If applicable, how has your organization served the needs of those who have been affected by Covid-19.

12. Which group of residents do you PRIMARILY serve? \*

- a. Residents of Contra Costa County
- b. Residents of the Entire Bay Area
- c. Residents of the Entire State of California
- d. other

13. What counties do you primarily serve?

14. What cities do you primarily serve?

15. Demographic Information. If approximately 75% or more of those you serve fall under one or more of the following categories, check all that apply.

- a. Children and Families
- b. Essential Workers
- c. Formally Incarcerated
- d. People of Color
- e. Immigrant Communities
- f. Individuals over 60
- g. Survivors of Violence
- h. Homeless
- i. LGBTQ+
- j. Mental Illness
- k. Disabled
- l. Substance Abuse

16. If granted, how will the funds be utilized? \*

17. Please estimate the number of individuals you anticipate serving with this grant. \*

18. Please provide a simple budget to support this grant request. \*

19. Which area of relief will you support with this grant? Check all that apply. \*

- a. Food Security/Distribution
- b. Financial Assistance (Rent/Mortgage, Clothing, Health Care/Medication, Transportation, Utilities, etc)
- c. Emergency Housing/Shelter (Hotel/Motel Vouchers, Homeless Shelters, etc)
- d. Other

20. What other information would you like to provide to the grant review board?