

# COVID-19 Prevention & Response Fund Application for Invited Businesses of any size and Nonprofits with budgets greater than \$2.5M

Please complete the information below. An asterisk (\*) means the question is required. If you have already set up an account you may scroll to the bottom and click "Save Progress" at any time so you can return to your application later.

**Tip:** Scroll over the small question mark (?) at the end of some questions to find out more information.

**Questions:** If you have questions about this application, please reach out to Shira Hodges at shira@philanthropynetwork.org. Thank you for applying!

## Organization information

Legal name of business or nonprofit \*

Publicly used name if different from legal name

Street Address \*

City \*

State \*

Zip Code \*

Website or social media (if you have any of these)

Please tell us your operating budget for 2021 \* 

Please enter your nine-digit EIN \*

Please upload a W9 for your business OR a 501c3 if you are a nonprofit organization.

Please note if you are a business that you will be required to pay taxes on the grant awarded. You can find a blank W9 form by visiting this website: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>.

No file chosen

## Contact and Staff Information

Please share contact information for the individual who will be the primary contact for the project.

**Primary Contact First Name \***

**Last Name \***

**Email Address \***

**Phone Number \***

**Primary contact relationship to organization. Please check all that apply. \***

- Staff
- Volunteer
- Board Member
- Leadership
- Other, please specify

**Has your business or organization ever applied for a grant before? \* ?**

Please tell us how your Executive Director or Owner identifies. Please check all that apply. \*  
?

- Black/African American
- Caribbean
- Native/First Nation
- Middle Eastern
- Hispanic/Latinx/Latino/Latina
- Asian, Asian American and/or Pacific Islander
- White
- Prefer not to answer
- Other ( please specify)

How many staff do you have? \* ?

How many staff are people of color? \*

How many staff live in the communities that you serve? \*

## Referral Information

Please share the name and contact information of the person who invited you to apply.

Full Name \*

Email address or phone number \* ?

## Project Information

Did you receive a grant from this Fund during the first two rounds? \* ?

- Yes
- No

In no more than one or two sentences please share a summary statement of your request.

(Examples - My organization will host a vaccine site and provide transportation services so people can be

vaccinated; OR, my organization will provide meals, gift cards and other necessities to those affected by COVID-19 while providing educational materials.) \*

Which funding priority most closely matches what you would like to do? *(Please only check those that apply)* For examples, please [click here](#). \*

- Education on COVID-19 prevention, vaccine safety and effectiveness, hesitancy and resistance
- Supporting those with barriers gaining access to vaccinations
- Providing resources, services, and vaccine information to those communities experiencing financial, physical and mental health challenges due to or made worse by COVID-19
- COVID-19 related outreach, educational, and event promotion campaigns to better inform and activate the community

Funding amount requested. Grants range from \$3,000 to \$7,500. \*

Project start and end dates \*

How many people do you expect to serve? \*

Please tell us the counties you plan to serve with this grant. *Please only choose those that include your proposed service area.* \*

- Philadelphia County    Delaware County
- Montgomery County    Chester County

Tell us briefly what you intend to do with the requested funding? \* 

What do you hope to achieve? \* 

**Who do you plan to serve with this grant? *Please note:* In this round, preference will be given to individuals working with black males ages 18-44. \***

**If you are funded, we have two final asks of you:**

1. After a period of time, we will contact you to briefly talk about what you did, who was served, what you learned and anything else you wish to share.
2. Finally, if applicable, we ask that you send us (either digital or print copies or both) sample photographs from your activities/events, materials created/distributed (printed and social media), and any press coverage your work generates. This can be done on an ongoing basis or at the end of your work.

**These requests are to help all of us learn and grow together and we appreciate your support with this. \***

- Yes, I agree to the requests.
- Before I agree, I have questions about the requirements.

To save your application and complete it later, please click the "Save Progress" button. Your application will save and you can access it using the username/ password you set up earlier.

Once you have completed your application, please click the "Submit" button. Once you submit, you will receive a confirmation message. Thank you for applying!

<< Previous

Save Progress

Submit