COVID-19 Prevention & Response Fund Application for Invited Individuals

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 at a later time.

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!

Contact information First name * Last name * Street address * City* State * Zip code * Email address * Phone number where you can be reached * Website/Instagram/Facebook/Twitter/TikTok (if you have any of these)

Tell us a bit more about yourself
Have you ever applied for a grant before? * ② v
Would you be interested in working with a fiscal sponsor?* ② v
Do you have a Social Security number, EIN, or ITIN? * ② v
Please tell us how you identify. Please check all that apply. * ① 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)
Tell us more about who invited you to apply
Please share the name and contact information of the person who invited you to apply.
Full Name * ② Email address or phone number * ②
Project Information
Did you receive a grant from this Fund before in the first two rounds? * ③ O Yes

○ No
In no more than one or two sentences please share a summary statement of your request.
(Examples - I plan to go door to door to sign people up for vaccines, or I plan to provide transportation to vaccine sites, or I plan to work with abc organization to conduct outreach and education.) *
Which funding priority most closely matches what you would like to do? (<i>Please only check the boxes that apply</i>) For examples, please <u>click here.</u> *
☐ 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
what are the dates you plan to begin and end your efforts?* (?)
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?* ③

What do you hope to achieve? * ?

Who do you plan to reach or serve with this grant? Please note, In this round, preference will be
given to individuals who are working with black males ages 18-44.* ③
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.
o save your application and complete it later, please click the "Save Progress" button. Your pplication 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 to submit your pplication. Once you submit, you will receive a confirmation message. Thank you for applying!

<< Previous

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