

Economic Relief Initiative (ERI) Grant Application

Please return to: United Way of Adams County (UWAC), Attn: Jessica Thieme, Director
218 E Monroe St / Decatur, IN 46733
Question? Please call: (260) 728-2056

This application process is for nonprofit organizations (501c3) that serve Adams County, IN residents.

Organization or Agency Name: _____

Organization Contact: First Name _____ Last Name _____ title*: _____
*how are you associated with the nonprofit organization?

Email address of organization: _____ / EIN #: _____

Phone: _____ (circle one: this is my cell / landline). Do you accept texts: yes / no

Amount of Grant Request: _____

If you wish to computer generate this application (and not use this form), please list information in this order:

Statement of Needs:

What are your emergency needs due to the coronavirus (COVID-19) pandemic? Please be specific.

How has the COVID restrictions affected your organization?

When did the concern begin? Have you maintained office hours since mid-March?

Statement of Spending:

How would your emergency relief grant be spent? Please provide an estimated budget with your spending narrative.

What expenses do you anticipate following the lift of COVID restrictions? Example: thermometers, sanitation gear, face masks for staff / clients, etc.

If you are an organization serving multiple counties, please be specific to how the funds will be spent within Adams County.

Statement of Expected Results

What results do you expect to achieve if awarded an emergency relief grant?

What expenses do you anticipate following the lift of COVID restrictions?
Example: thermometers, sanitation gear, face masks for staff / clients, etc.

What more do you wish to share with the COVID Committee?

Read and initial ...

I agree to account for and return any amount of the unused / unaccounted for allocation.

By checking this, I understand that I have given the Adams County Community Foundation / United Way of Adams County permission to share my application with other committees so that I may be eligible for assistance beyond this selection committee.

Person Submitting Application: (print) _____

(signature): _____