

FOR OFFICE USE ONLY:
Grant #
Date Rec'd
Exempt Status confirmed by staff

**THE HOMER FOUNDATION
COVID-19 RESPONSE FUND
GRANT APPLICATION**

ORGANIZATION NAME:

We are a 501(c)(3) Non-Profit Organization EIN#:

APPLICANT ADDRESS:

CONTACT PERSON:

TITLE:

PHONE #:

EMAIL:

AMOUNT REQUESTED FROM THE HOMER FOUNDATION: \$

1. How has the COVID-19 pandemic impacted your programs?

2. How will your requested funds be used to address the increase in services due to COVID-19?

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Guidelines

The Homer Foundation has created a new fund, the COVID-19 Response Fund to support those in our community affected by the global pandemic through basic needs funding. The funds will be distributed based on grant request including demonstrated increase in service due to COVID-19. At this time, the Homer Foundation has prioritized the following:

- Provide human services and emergency assistance (for example, food, shelter, transportation, living expenses, rent/utility assistance, etc.)
- Primarily serve vulnerable populations, including children who are out of school/families without childcare, people who have lost a source of income due to the pandemic, people who are at high risk medically, people who are homeless, veterans, and individuals who lack paid sick leave or health insurance, etc.

Our Service Area:

Southern Kenai Peninsula, from Ninilchik south including the communities across Kachemak Bay.

Letter of Agreement:

Once an award is made, applicants are notified electronically. Once the applicant agrees to accept the award, a check will be issued.

Project Report and Final Evaluation:

Within 60 days of project completion, grantees are required to submit a final grant evaluation. A copy of the evaluation is provided with the electronic notification of the award.

Organizations may apply multiple times for funding through this program. The subsequent requests will not be considered until the final evaluation is received.

I certify that the information contained in this application, including all attachments and supporting material, is true and correct, and that I have read the guidelines. Signer must be an authorized fiduciary for the organization.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____