



**DATE OF APPLICATION:**

## **COMMUNITY HEALTH FUND**

### **Covid-19 Local Response Grant Application**

*Please complete this form and email it to [karen.gibbs@wclfoundation.org](mailto:karen.gibbs@wclfoundation.org). Grant requests will be accepted on a rolling basis, and reviewed by Community Foundation staff and our Community Grants Committee. You will receive a response to your request within 5 business days.*

Organization:

Tax ID Number:

Mailing Address:

Phone Number:

Applicant/contact person:

Phone:

Email:

President/CEO (if different):

Phone:

Email:

Funding request amount: \$

How many will be served?

*Grants awarded from the Community Health Fund support organizations & programming specifically intended to serve the West Chester/Liberty community. If the scope of your program reaches beyond West Chester/Liberty (to all of Butler County, for example), please scale your funding request to align with services provided locally.*

Please briefly explain the need you are addressing, related to the Covid-19 crisis.

Specifically describe how these funds will be used to address the need in West Chester/Liberty.