



REQUEST FOR COVID-19 RELIEF FUNDING

NAME OF ORGANIZATION: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

CONTACT PERSON: _____ PHONE: _____

PURPOSE OF FUNDING: _____

COVID-19 AFFECT: _____

TARGET GROUP: _____

FUNDING REQUESTED: \$ _____

SIGNATURE OF APPLICANT: _____ DATE: _____

Town Use Only:

APPROVED: YES \$ _____ NO _____

DATE: _____

FOLLOW UP REQUESTED: YES _____ NO _____

SIGNATURE OF MAYOR: _____

SIGNATURE OF ADMINISTRATOR: _____