

DeKalb County COVID-19 Response Fund (DCCRF) Grant (Round 5 - Final Round)

DeKalb County Community Foundation

Grant Application

Name of Project*

Character Limit: 100

Priority Area*

Please indicate which priority area your grant will most address.

Choices

Emergency Food and Basic Supplies
Interim Housing and Shelter
Nonprofit Safety and Operations Assistance
Primary Health Care Services
Supports for Children and other Vulnerable Populations
Utility and Financial Assistance

Project Description

Please briefly answer the following questions:

1. Why is this funding needed and how will the funding help your organization recover from the impact of COVID-19?
2. What are the specific activities or programs that will be supported through this request? Please also address timeline and the purpose for the funds.
3. Who will you serve with this funding (who is your target population and **approximately how many individuals will be served** by this support)?

Feel free to upload a document if you prefer.

Character Limit: 3000 | File Size Limit: 10 MB

Project Impact

Please explain how these funds will have an impact on your organization. Specifically, how will you use these funds towards organizational sustainability and long-term recovery?

Character Limit: 3000 | File Size Limit: 10 MB

Collaboration

Please describe how your organization is collaborating with other organizations/agencies within the County (if applicable). Specifically, if there are other organizations/agencies providing

similar services, please discuss how your services, audience, programming is different.

If this question doesn't apply to you or the project you are requesting funding for, feel free to skip this question.

Character Limit: 750

Total Funds Needed:*

Character Limit: 20

Amount Requested:*

Character Limit: 20

Budget Breakdown*

Please describe how the funds will be spent by your organization (break out operations and service delivery). You may upload a document here if you prefer.

Include information about other sources of funding you've applied for or received for this project, including DeKalb County COVID Response Funds

Character Limit: 1000 | File Size Limit: 5 MB

Project Implementation*

In considering your budget, please describe the minimum amount needed in order for you to implement your project. If this committee isn't able to award the minimum amount needed, what other sources of funds have you secured (or plan to secure) to ensure successful project implementation?

Character Limit: 2500

Final Questions

Information Reporting*

Some detailed demographic information regarding clients served and the impact of this award may be requested of you if you are awarded a DeKalb County COVID-19 Response Fund grant. By typing your name in the field below and submitting a grant, you agree that you can and will do your best to capture and provide the requested information to us by the due date.

Character Limit: 250

Signature*

By typing my name in the field below, I hereby affirm that all of the above stated information provided by me is true and correct to the best of my knowledge. Insertion of your name and date in the below field constitutes an electronic signature.

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Character Limit: 250