

COVID-19 Relief Grant Application

Applicant Information

Business/
Organization _____

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Phone: _____ Email _____

Purpose of Request

Brief background information and mission statement of the organization

Description of need for which funds are being requested

Contact Information

Name: _____

Phone Number: _____

E-Mail: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Completed applications can be emailed to hopkinsvillejuniorauxiliary@gmail.com
Applications are due no later than June 1st, 2020 at noon.