

COVID-19 Funding Assistance for Non-Profit Food Distribution Services

APPLICATION

Section 1: Applicant Information

Organization Name: _____

Tax-exempt Status: _____

Organization Address: _____

Years in Operation: _____

Contact Name: _____

Telephone: _____

E-mail: _____

Section 2: Describe generally the organization's work, including food distribution services and clientele served.

Section 3: Describe specific expenses to be covered with HUD funds, and how funding assistance will help your organization prevent, prepare for, or respond to impacts created by the COVID-19 pandemic.

Section 4: Total funding requested (maximum of \$15,000 per organization).

\$ _____

Section 5: Describe the organization's capacity to verify income eligibility and meet HUD's reporting requirements.

Section 6: Application Certification: I hereby certify that, to the best of my knowledge, the information contained in this application is true and correct. I am aware that any material misrepresentation made in this application constitutes an act of fraud which may result in termination of any grant award, repayment of any funds disbursed, and possible legal action.

Signature: _____

Date: _____