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**COVID-19 RESPONSE MINI GRANT APPLICATION**

**Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Funds needed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EIN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_**

**Organization Mission Statement:**

**Grant Request: (Range $100-$1,500) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*If you are conducting a collaborative effort and you are requesting more than $1,500 you must contact** **manager@westendhf.org** **before applying.**

1. **Describe the need within the West End of Marquette County that is being affected by the current COVID-19 Crisis? (food security, housing, access to medical care)**
2. **How has your operation been affected and how have you adjusted to continue services during the COVID-19 pandemic?**
3. **How do these services relate to the heath, wellness and wellbeing of the West End residents?**

**How many people will you serve?**

1. **How will you use these funds?**
2. **What other sources of funding do you have? Where else are you requesting funds?**
3. **If WEHF cannot provide funding (or full funding) for this program what will happen?**
4. **Can we share your application with other funders?**



**COVID-19 RESPONSE MINI GRANT REPORT**

**This form must be filled out within 90 days of expending grant funds and emailed to** **manager@westendhf.org**

1. **What were the grant funds used on? (\*Foundation reserves the right to request receipts.)**
2. **Who benefited from the grant funds (age group, geographic region, demographic, number of people)**
3. **What service was provided through these grant funds**
4. **Did you collaborate with any other organizations?**