

COVID-19 Relief Fund Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Are you 18 years of age or older? YES NO

Are you a resident of Georgia? YES NO

If not, where are you a resident?

Essay

Provide a brief summary describing how COVID-19 has impacted your work? Also, include a brief budget describing how the requested funding will be used. (can attach word document)

Disclaimer and Signature

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

If this application leads to a grant reward, I understand that false or misleading information in my application may result in returning the grant.

Signature: _____ Date: _____