

# Town of Peacham, Vermont

## Peacham Covid-19 Relief Fund: Application

*SMALL GRANT APPLICATION – For requests up to \$1,000*

Application for funding to help Peacham residents directly affected by the Covid-19 virus for basic needs like food, medicine and shelter.

Name: (first) \_\_\_\_\_ (last) \_\_\_\_\_

Email: \_\_\_\_\_

Address: (mailing) \_\_\_\_\_ (Physical): \_\_\_\_\_

Town: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Amount requested: \_\_\_\_\_

How will the funds be used:

Why are these funds needed:

How many people will these funds help: #of adults \_\_\_\_\_ #of Children \_\_\_\_\_

Have you applied or received funds from other sources: Yes or No?

If yes, what from where: federal, state, local agencies/nonprofits, etc. What is the status of the request(s)?

### **PLEASE ATTACH THE BILL OR INVOICE AND VENDOR INFORMATION AS CHECKS WILL BE PAID DIRECTLY TO THEM.**

The Peacham Covid-19 relief Fund was established to support our community in this time of hardship. Applications must be received by the 15<sup>th</sup> of each month. Awards will be made by the 30<sup>th</sup> of each month. The funds will be awarded on the following conditions:

- This is for immediate need and hardship. The applicant has no other reserve funds and the applicant has exhausted all other sources of funding.
- There are sufficient funds available in the Peacham Covid-19 Relief Fund.
- The applicant confirms they are year round residents of Peacham.
- The applicant agrees to use the funds for stated purposes.
- The applicant may be asked to report on the use of the funds at a later date.

If you agree to the above listed conditions, type or sign your name below.

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