



Atchison Area Community Foundation

Community Disaster Recovery Fund – 2020 COVID-19

Non-Profit Request for Assistance

Name of Organization: _____

Contact Person: _____

Phone Number: _____ Email: _____

Organizational Status: ☐ 501(c)(3) – ein number _____ ☐ Other – ein number _____

Community Response Area: (Please select the primary outcome that your program/service delivers.

☐ Mental Health/Counseling

☐ Medical/Health

☐ Education/Training

☐ Community Awareness Recovery Resources

☐ Equipment/Technology

☐ Basic Needs (food, shelter, utilities)

☐ Other: _____

Please detail the number of people you hope to serve and the population(s) you intend to assist:

Please list and briefly describe the services you plan to provide to those impacted, timeline of activities, etc.:



Atchison Area Community Foundation

Program Budget associated with request:

Item/Service:	Amount Estimated:
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL	\$

Authorized Signatures

By signing I understand that this is a formal request for funding for delivery of service related to immediate or recovery response of _____. It is understood that submission does not guarantee funding.

Signatures:

Executive Director or Authorized Representative of Organization

Date

Board President or Other Authorized Officer

Date

The Atchison Area Community Foundation is an affiliate of the Greater Manhattan Community Foundation,
a non-profit 501(c)(3) organization – EIN #48-1215574, incorporated in the State of Kansas

E-mail the completed form to: info@atchisonfoundation.org

All Applications need to be submitted by Friday, April 17th, 2020