

Door County Emergency Response Fund

Please answer the following questions to request assistance relating to the COVID-19 coronavirus health crisis.

501(c)(3) public charities, faith-based organizations, and other public entities serving the people of Door County are eligible to apply. All money distributed must be used to help Door County residents.

Please only submit one request at a time, but you may submit multiple requests during the duration of this crisis and the subsequent recovery period.

For more information or to informally discuss your request before submission, please call the Door County Community Foundation at (920) 746-1786 or email to responsefund@givedoorcounty.org.

* Required



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1. Name of your 501(c)(3) public charity, faith based organization, or other public entity: *

2. Organization's Mailing Address: *

3. Organization's Telephone: *

4. Organization's mission statement:

Organizational Leadership

5. Chief Executive Officer's Name & Title: *

6. Chief Executive Officer's Email: *

7. Board Chair's Name & Title: *

8. Board Chair's Email: *

9. Contact Person's Name & Title (if NOT the CEO):

10. Contact Person's Email (if NOT the CEO):

Emergency Request

11. Name of project or activity for which you are requesting funds: *

12. Amount of money you are requesting from the Emergency Response Fund: *

13. Issue(s) to be addressed by your project or activity (check all that apply): *

Check all that apply.

- ☐ Childcare
☐ Education
☐ Employment
☐ Food/Nutrition
☐ Housing
☐ Medical

Other: ☐ _____

14. Vulnerable population(s) served by your project or activity (check all that apply): *

Check all that apply.

- ☐ Children
☐ Families
☐ Low income people
☐ People with disabilities
☐ Senior citizens

Other: ☐ _____

15. Part(s) of Door County to be served by your project or activity (check all that apply): *

Check all that apply.

- ☐ Northern Door County
☐ Southern Door County
☐ Sturgeon Bay area
☐ Washington Island

16. Describe how the current health crisis has impacted your ability to serve the people of Door County: *

17. Write out a simple budget for your project or activity (put each expense item item on a separate line): *

18. Describe how the requested grant from the Emergency Response Fund will be used (be specific): *

19. Describe your organization's ability to administer this grant: *

Documents and Certification

20. Have you received a grant check from the Community Foundation in the past year? *

Mark only one oval.

- ☐ Yes, we have received a grant check in the last year so the Community Foundation has our corporate documents on file.
- ☐ No, we have NOT received a grant check in the last year. Please let me know what corporate documents you need from us.

21. Please confirm the tax-exempt status of your organization. *

Mark only one oval.

- ☐ We have been granted status as a 501(c)(3) public charity by the Internal Revenue Service.
- ☐ We are recognized by the Internal Revenue Service as a church.
- ☐ We are a unit of government (such as a school or municipality)
- ☐ Other: _____

22. Please confirm your agreement with the following should you receive assistance from the Emergency Response Fund (check to indicate your agreement): *

Check all that apply.

- ☐ We agree to use all moneys we receive to help the people of Door County, Wisconsin.
- ☐ We accept responsibility for maintaining adequate supporting records and documentation consistent with generally accepted accounting practices and to provide a basic reporting on the impact of our work.
- ☐ We agree not to use any funds provided to further a political campaign or to support attempts to influence legislation by any governmental body, other than making available the results of nonpartisan analysis, study, and research.
- ☐ To facilitate accountability to the community, we give permission to the Door County Community Foundation, Inc. and United Way of Door County to publicly announce the general parameters of this request and the details of any assistance provided.

23. By typing my name below, I declare under penalty of perjury that all statements contained in this application and any accompanying documents are true and correct to the best of my knowledge and that I am legally authorized to sign this document on behalf of my organization. *
