

United Way of the Coastal Bend COVID-19 Assistance Request

PURPOSE:

Funds are for organizations providing services related to COVID-19 effects in the UWCB service area (Bee, Brooks, Duval, Jim Wells, Kenedy, Kleberg, Live Oak, Nueces, Refugio and San Patricio counties).

ELIGIBILITY:

- United Way will invest in programs with a positive track record.
- Funds are intended to supplement the efforts of organizations that are committing resources to assist those affected by COVID-19.
- Funds are to be used only for the purposes stated in the request.

FUNDING CRITERIA

- Currently provide services that address needs arising from COVID-19
- 100% of funding will be used to provide services for needs arising from COVID-19
- Leverage funds received to generate additional resources
- Provide evidence of 501©(3) status, most current audit or review and 990.
- · Use in-kind and volunteer resources if appropriate and effective to complement grant funds
- Not discriminate in the provision of services on the basis of race, color, religion, creed, age, sex, sexual orientation, national origin or ancestry, immigration status, marital status, veteran status or status as a qualified disabled or handicapped individual
- Provide specific data on a regular basis, as determined by United Way of the Coastal Bend

REPORTING REQUIREMENTS

Reporting – monthly reporting of number served and services provided

Email donna.hurley@uwcb.org and mail the original to 4659 Everhart Rd., Corpus Christi, TX 78411. Call 361-882-2529 x118 with questions.

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| AGENCY NAME: CONTACT PERSON NAME AND TITLE: PHONE: EMAIL: FUNDS REQUESTED: \$ | |
| Administrative/Reporting I certify that the information contained in this application is factual and a true representation of the funded project, and agree to meet eligibility standards and reporting requirements upon accepting a COVID-19 grant. | |
| Agencies accepting grants from United Way of the Coastal Bend are expected to: Report aggregate data to United Way of the Coastal Bend (UWCB). Agree to maintain all records and documentation for auditing purposes. Utilize 100% of funding to direct client services. | |
| Applicant Agency Director (printed name): | |
| 1. Please indicate which county/counties in which you will be providing services: (check all that apply) Bee Brooks Duval Jim Wells Kenedy Kleberg Live Oak Nueces Refugio Refugio | |
| San Patricio | |

| ervices/support provided | | |
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| entified gaps in service | | |
| Describe the proposed use for these funds. | | |
| How many do you expect to serve? How did you arrive at that estim | ate? | |
| Describe any other information necessary to understand your organ | nizational or | client needs |
| If you plan on providing financial assistance, describe the process y this assistance. | ou will follo | w to provide |
| | riority populations for services/support ervices/support provided umber of staff/volunteers dedicated to service provision lentified gaps in service Describe the proposed use for these funds. How many do you expect to serve? How did you arrive at that estim Describe any other information necessary to understand your organ If you plan on providing financial assistance, describe the process y | riority populations for services/support ervices/support provided umber of staff/volunteers dedicated to service provision lentified gaps in service Describe the proposed use for these funds. How many do you expect to serve? How did you arrive at that estimate? Describe any other information necessary to understand your organizational or If you plan on providing financial assistance, describe the process you will follo |