



COVID 19 Relief Fund Application

Date of request: _____

Gateways Community Service Eligible Participant: _____

Name of person requesting funds: _____

Address: _____

Amount Requested: _____

Category of request: Recreation Financial Goods Services Other

Reason for request: (please include detailed information on how the request was directly impacted by COVID 19 and how the request will meet that need.)

I confirm that there is no other funding source for these needs and that they are a need developed directly because of the COVID 19 pandemic.

Signature: _____ ***Date:*** _____

Address/ Contact Information where to send _____ Family to be reimbursed

Funds if Approved: _____ Receipt Attached

Requests are submitted anonymously to the Family Support COVID Relief Fund Committee every other Wednesday. Please allow at least two weeks for a response to your request.

Request: *Approved* *Denied* Amount: \$ _____ Date: _____

Additional Comments: _____

Initials: _____