



Sullivan County, NH

COVID-19 Greater Sullivan Strong - Community Assistance Request Form

Requesting Non-Profit Business Name: _____

Authorized Agency Contact Information:

Name/Title: _____

Email: _____

Address: _____

Is check payable to this entity name and address above? If not, please specify _____

Cell Phone/ Office Phone: _____

Please provide a write up of how these funds will be used and address the following:

- What is the current gap or challenges that COVID-19 has caused in service delivery or volume of need that you are trying to address? For example, are the gaps/needs you are facing related to: **Increased demand, Loss of revenues associated with closures, etc., Costs/Challenges of developing new delivery systems or Start-Up costs to put in place partnerships, technology systems, or other tools needed to adapt to stay-home orders?**
- Are there other non-funding resources that would help you address this need or gap? What are they?
- How many residents do you anticipate to serve with the support of these funds?
- What % of the funding request will support services that are unduplicated within Sullivan County?
- What other partners would be involved in this work?

What amount of funding would be needed to address the need or gap you've described? Keep in mind available funds are from a limited, shared, community pool and we are trying to make wise use of shared resources to support urgent needs of our community members and 16 towns. Please break your request into time-sequenced requests as new resources may become available in 4, 8, and 12 weeks, etc.

Request description	'Address the Gap' amount needed, Month:	'Address the Gap' amount needed, Month:	'Address the Gap' amount needed, Month:	Total
<i>Example (please delete): Increased needs for Food Access</i>				
<i>Example (please delete): Phone cards for telehealth</i>				
Total				

By signing below, I am agreeing to use and maintain records of all purchases made with these funds. I understand the County may request proof of purchases at any time and I will comply with the requests.

(Requesting Authorized Agent & Date above)

OFFICE USE ONLY: 25.735.11018 COVID-19 GSCPHN Community Assist

Total Amount Approved: _____

Signature & Date: Derek R. Ferland, County Manager
Sullivan County, New Hampshire

Signature & Date: GSC COVID-19 Funds Liaison
Please Print Name