

## United Way of Albany County Covid-19 Emergency Fund Micro Grant Application

Name of Organization:

EIN # (if not a United Way Member Agency):

Person Submitting Request:

Contact Information:

Agency address:

Phone:

Email:

Website:

Date:

Date Funding Needed By:

Agency Mission Statement:

Request Amount (\$500 maximum request): \$

Please state the nature of the request. How will United Way Funds be used by your agency to combat the spread of the Covid-19 virus, or mitigate the economic impact of the pandemic?

Please send applications to Paul Heimer [pheimer@unitedwayalbanycounty.org](mailto:pheimer@unitedwayalbanycounty.org) for review.