



Community Foundation for San Benito County
COVID-19 FUND APPLICATION

Ref #: 20- _____

iPHi App _____

Applicant Information

Organization Name: _____

Primary Contact Person: _____

Address: _____

City/State/Zip: _____

Phone: _____ **Email:** _____

Organization Tax ID: _____

Request

Amount Requested: _____ **How will funds be used?** _____

Has funding been REQUESTED from an additional source? Yes No

Details _____

Has funding been AWARDED from an additional source? Yes No

Details _____

Authorizing Signatures

Executive Director or CEO

Signature

Print Name

_____ **Title** _____ **Date**

Submit completed application to Tracy at ttaggart@GiveSanBenito.org or call 831.630.1924