



Big Sky Relief COVID-19 Impact Grant

Organization Name _____

Lead Contact Name _____

Title _____

Physical Address of Business (not a PO Box) _____

Physical Address City _____

Physical Address Zip Code _____

Mailing address of Organization/Entity _____

Mailing Address City _____

Mailing Zip Code _____

Phone Number _____

Email of Organization/Entity Contact _____

EIN Number _____

Website _____

How has your organization/entity or the individuals that you serve been impacted by COVID-19? (check all that apply)

- Sustained a loss in revenue/income due to decreased hours of operation/employment or limited services that could be provided.
- Customers/clients cancelled program participation due to COVID-19.
- Experienced a loss in customers/clients due to COVID-19.
- Required additional services or programming due to COVID-19.
- Staffing issues as direct result of COVID-19.

Please describe the impact the COVID-19 crisis has had on your organization/entity or the individuals that you serve.

Please describe the projected impact the COVID-19 crisis will have on your organization/entity or the individuals that you serve over the course of the remainder of the year?

Has your organization/entity received a grant or loan to assist with COVID-19 related losses or to provide additional services from any local, state, or federal government or a private fund? (List all that apply)

Please provide amount of funds received to assist your organization/entity, and the nature of the funding.

How much are you requesting as a grant from the Big Sky Relief COVID-19 Impact Grant? Please provide detailed budget related to your request.

How will these funds help your organization/entity to adapt/recover from COVID-19 impacts?

If awarded, I agree to provide a grant report on the results of the activity within six months.

By checking this box you are accepting this as your electronic signature.