



Assisting Families Dealing with COVID19 Hardship APPLICATION

Funding was made possible by the David J. Nutt Fund for Lindsborg

Applicant Information:

Name _____

Address _____

City/State/Zip _____

Email _____

Phone Number (type? Circle one: mobile home) _____

of people in your family _____

In order to process, we need each item listed below:

Completed & Signed application.

Completed & Signed verification of COVID19 hardship **OR** a copy of unemployment status.

Receipt or invoice to be paid on behalf of the applicant.

I have a hardship due to COVID19 and require assistance. I hereby give permission to the staff of the McPherson County Community Foundation to contact the parties listed in this application or attachments thereto for purposes of verification and payment.

Date

Signature of Applicant



Assisting Families Dealing with COVID19 Hardship Qualified Expenses

Items in consideration in making grants (Please keep this page for your use.)

1. Shelter
 - a. Rent/House payments
 - b. Utilities
 - c. Necessary repairs to HVAC, electrical, plumbing
 - d. Necessary handicap accessibility

2. Nutrition – To promote health
 - a. Food and drink
 - b. Dietary supplements

3. Medicine
 - a. Medical and dental care that is not otherwise covered by insurance or government programs including but not limited to prescription and non-prescription medicine, hospital care, nursing care, attendant care.

4. Cleanliness – To promote health
 - a. Personal hygiene products
 - b. Household cleaning, including products

5. Transportation
 - a. Grant recipients should submit fuel receipts to the Foundation for transportation reimbursement costs for out of county doctor visits.

Recipient may receive \$500 per family of 1 or 2 and may receive \$750 per family of 3 or more.
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Assisting Families Dealing with COVID19 Hardship Verification Letter

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Date _____

The McPherson County Community Foundation is currently administering the COVID19 Emergency Response fund. The purpose of these funds is to provide support to individuals and families who have experienced financial hardship due to the COVID19 pandemic. Items in consideration in making grants are shelter, nutrition, medicine, cleanliness, and transportation.

_____ has applied for assistance from the fund. In order to ensure funds are distributed to recipients meeting the criteria, would you please verify the applicant has a hardship due to the COVID19 pandemic by signing below and returning this letter to TACOL of Lindsborg.

For questions regarding this fund, please contact our office at 620-245-9070 or via email at celeste@mcphersonfoundation.org.

Sincerely,

Celeste Carlson

Director of Community Services

_____ Yes _____ **does** have a hardship due to the COVID19 pandemic.

_____ No _____ does **not** have a hardship due to the COVID19 pandemic.

Signature

Date

Name / Role (Committee member or Employer)