



United Fund of Iowa County Inc.

P.O. Box 63, Dodgeville WI 53533

COVID-19 RELIEF APPLICATION

1. Name and Address of your organization:

2. Name/Title of Person Completing this Request:

3. Mailing Address, Email Address and Contact Phone #:

4. Federal ID # (if applicable) _____
Does your organization practice non-discrimination? _____YES _____NO

5. What percentage of your organization serves Iowa County Residents? _____%
What municipalities do you serve? _____
How many Iowa County Residents did you serve annually prior to COVID-19? _____
What percentage of increase have you seen as a result of COVID-19? _____%

6. Amount Requested \$ _____
Please explain what the requested funding will be used for: __ (Attach an additional sheet of paper if necessary) _____

I understand that this application is solely for COVID-19 Relief needs. I also understand that the funding received needs to be used to serve Iowa County households ONLY. **I promise to submit an analysis to United Fund of Iowa County by December 31 of the current year – showing what we spent the funding on.** I have reviewed this Application and I certify the information is complete and is accurate to the best of my knowledge.

Signature of person completing application _____ Title _____

Date Completed: _____