

Application for COVID Assistance

Email completed application to: PublicComments@TrilliumCHP.com

Organization information

Organization Name:
 Organization's mailing address:
 Organization's phone:
 Organization's URL:
 Organization Type:
 Mission Statement:
 Staff and/or Board Description:

Contact information

For the person who is authorized to sign legal documents on behalf of the organization:

Email:
 Telephone:

For the individual who is responsible for the request:

Email:
 Telephone:

Project Information

Project Title/Need:
 Project Description/Description of Need:
 Requested Amount:
 Sources and Amounts of Other Funding:
 Number of Trillium members affected:
 Project/Need Start Date:
 Project/Need End Date:

Project Budget

Item	Indiv. Cost	Qty Purchased	Total Cost	Use