

Assessing Emerging Needs in Response to COVID-19



With the launch of the new Central Virginia COVID-19 Response Fund, the Community Foundation created this form to help nonprofit organizations in the Greater Richmond region share new or increased needs they are experiencing as a result of the coronavirus. This may include funding or volunteer needs. Please review the fund purpose before you begin at www.cfrichmond.org/COVID19fund.

The Community Foundation has not established an application process for this special funding opportunity and this form does not act as one. Rather, this is a way to help us assess emergent needs in the region and to inform our decisions going forward. While we may follow up with some organizations for clarification, we anticipate a large volume of submissions and may not be able to respond to every request.

***Required**

Organization Name:*

Primary Contact Name:*

Primary Contact Email:*

Primary Contact Phone:*

Which best describes the impact of COVID-19 on your organization?

- Providing crisis response services and/or greater demand for current services
- Hardship due to loss of revenue

Demographic Information

Primary need you are addressing:*

- Food Access
- Housing
- Health-related
- Childcare
- Adult Day Support Services
- Other _____

Secondary need you are addressing:

- Food Access
- Housing
- Health-related
- Childcare
- Adult Day Support Services
- Other _____

Primary population you are serving:*

- Seniors
- Children/Youth
- Public Housing Residents
- Individuals experiencing homelessness
- Immigrants or individuals with limited English language proficiency
- Other _____

Secondary population you are serving:

- Seniors
- Children/Youth
- Public Housing Residents
- Individuals experiencing homelessness
- Immigrants or individuals with limited English language proficiency
- Other _____

What type of assistance are you requesting:*

- Volunteers or In-kind donations
- Funding
- Both

Volunteer/In-kind Request

Do you need volunteers to help continue essential services in the next month?*

- Yes
- No
- If so, please describe: _____

Can tasks be done virtually?*

- Yes
- No
- If so, please describe: _____

Do you need skills-based volunteers or project manager support to assist with your response?*

Yes No

If so, please describe: _____

Do you have any in-kind donation requests?*

Yes No

If so, please describe: _____

Is there any funding necessary for the activities above or for your organization's response?*

Yes No

Short Term Funding Request Information

Do you have anticipated funding needs in the immediate term (next 6 weeks)?*

Yes No

What are your anticipated funding needs in the immediate term (next 6 weeks)? _____

Indicate dollar amount: _____

Long Term Funding Request Information

Do you have anticipated long-term funding needs?*

Yes No

What are your anticipated long-term funding needs? _____

Indicate dollar amount: _____