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:* 

**Demographic Information**

Location:  
- O Richmond  
- O Colonial Heights  
- O Hopewell  
- O Petersburg  
- O Ashland  
- O Goochland  
- O Hanover  
- O Powhatan  
- O Amelia  
- O Brunswick  
- O Carolina  
- O Charles City  
- O Cumberland  
- O Dinwiddie  
- O Emporia  
- O Essex  
- O Fort AP Hill  
- O Greensville  
- O King and Queen William  
- O Louisa  
- O New Kent.  
- O Prince George  
- O Sussex  
- O Other
Primary need you are addressing:
- Food Access
- Housing
- Health-related
- Other ________________________________

Secondary need you are addressing:
- Food Access
- Housing
- Health-related
- 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

Short Term Funding Request Information

What are your anticipated funding needs for crisis response in the immediate term? __________
_______________________________________________________________________________
_______________________________________________________________________________

Indicate dollar amount: __________