



**United Way
of Amarillo & Canyon**

**United Way of Amarillo & Canyon COVID-19 Emergency Relief Fund
Application for Assistance**

Name of Organization: _____

EIN #: _____

Person Submitting Request: _____

Contact Information

Agency address: _____

Phone: _____

Email: _____

Website: _____

Today's Date: _____

Date Funding Needed By: _____

Agency Mission

Statement: _____

Request Amount: \$ _____

How will these funds be used to provide direct basic needs for those suffering as a result of the economic hardship, caused by the Covid-19 Virus?

Please submit the application and any questions to Adam Leathers
adam@unitedwayama.org