

Carlisle Area Emergency Response Fund Application

Agency Name: _____
Address: _____
Telephone Number: _____ FAX Number: _____
Email Address: _____
Point of Contact: _____
Federal Employer
ID Number (EIN): _____

Is Your Agency: 501(c) (3) Tax Exempt

Does your organization have a formal accounting system? Yes No

Put X next to zip codes you will serve: _____ Boiling Springs (17007) _____ Carlisle & Carlisle Barracks (17013)
_____ Carlisle & West Pennsboro (17015) _____ Mount Holly Springs (17065) _____ New Kingstown (17072)
_____ Newville (17241) _____ Plainfield (17081)

Please Check Which Funding Category You Are Applying For:

____ Emergency life-saving needs (incl. transportation, medical treatment, and inpatient care)
____ Critical medical care
____ Shelter
____ Food
____ Public safety
____ Other – Please explain: _____

Amount Requested: \$ _____

What is your need?

Units of service to be provided:

Estimated cost per unit of service or product:

Examples: Served meals @ \$2.00 per meal, mass shelter @ 12.50 per night, hotel room costs @ \$90 per night, box of gloves @ \$15, transportation of clients @ 55 cents per mile etc. This is not an exhaustive list.

How urgent is your need? Include the impact if request not met within one week.

When do you expect to expend your funds by?

Could any of your needs be fulfilled with an amount less than requested? Explain.

Has your agency applied for federal (ex. PPP), state, or local funding? If yes, please include. If no, please explain.

Please e-mail completed application to: jessica@uwcarlisle.org