

Ottawa County SPARK Funds Application

Coronavirus Relief Funds

Name or Organization: _____

Address: _____

Phone number: _____

Official use:

Funded Not Funded

Amount Received:

Date

Initial

Please check the type of assistance you are requesting and give a brief description of the need.

Food Bank Assistance

How has COVID-19 caused your food insecurity? *(loss of job, required to isolate or quarantine)*

Rent & Utility Assistance/ Other Qualifying Needs

How has COVID-19 caused you to need rental and/or utility assistance or other qualifying needs?

Nonprofit & Church Grant Assistance

How will you use funds received toward COVID-19 related expenses?

I understand that if I am awarded COVID-19 Relief funds I am agreeing to spend the funds for COVID related expenses.

NAME

DATE