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**WARRICK COUNTY, INDIANA  
NON-PROFIT PANDEMIC RELIEF FUND  
GRANT PROGRAM REQUEST FORM**

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Date: \_\_\_\_\_

Requesting Party: \_\_\_\_\_  
*(as filed with the Indiana Secretary of State)*

Address: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Amount Requested: \_\_\_\_\_  
*(not to exceed \$5,000.00)*

Requesting Party qualifies as tax-exempt under one of the following Internal Revenue Code classifications:

- 501(c)(3)                       501(c)(6)                       501(c)(7)

This Request is to:                       Reimburse one or more *prior* expenses already incurred  
 Pay for one or more *anticipated* expenses yet to be purchased

Description of Request and how it is necessary in response to COVID-19 pandemic:  
*(attach additional pages as necessary)*

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**Please attach any and all supporting documentation to this Request (e.g., quotes, proposals, invoices, etc.), including proof of current non-profit, tax-exempt status (i.e., Certificate of Good Standing from the State of Indiana, and IRS 501(c) Determination Letter, or other Proof of Tax-Exempt Status). Failure by a Requesting Party to include necessary Supporting Documentation will result in the rejection of this Request. Approved requests will require Applicant to enter into Grant Agreement and provide W-9 or other tax information.**

\_\_\_\_\_  
*Name of Person Submitting Request*

\_\_\_\_\_  
*Email*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Phone Number*

Submit this Request and copies of all Supporting Documentation to:

Roger Emmons  
Warrick County Administrator  
107 W. Locust Street, Suite 301  
Boonville, IN 47601  
[roger@warrickcounty.gov](mailto:roger@warrickcounty.gov)

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**For Warrick County use only**

Request Number: \_\_\_\_\_

Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_