



QUITMAN LAKE COUNTRY

CHARITABLE FOUNDATION

COVID 19 FRONT LINE WORKER GRANT APPLICATION

Date of Application: _____

Name of Applicant: _____

Address of Applicant: _____

Phone: Home: _____ Cell: _____

Purpose: COVID 19 Relief

Grant: Gift card to local business in amount TBD based on donations for this purpose.

Employer: _____

Job Description: _____

How Applicant has been negatively impacted financially* by the Covid 19 epidemic: (circle all that apply)

Reduced Work Hours (for any reason)

Increased Household Occupants

Pay Reduction

Increased Expense for PPE

Increased Household Expenses

Financial Support to Family Members

Increased Expense Related to Increased Work Hours (meals, PPE, child care, clothing, etc)

*Covid 19 Front Line Worker Grants are intended to benefit persons (i) who work in the geographic area covered by the Quitman Independent School District (2) in occupations providing necessary community services with high risk exposure to the Covid 19 virus and (3) who have been negatively impacted financially by the Covid 19 epidemic. Workers intended to be covered include but are not necessarily limited to workers in food chain businesses, law enforcement, medical workers, and emergency responders. Negative financial impacts include but are not necessarily limited to the loss of household income because of pay reductions for the Applicant or members of Applicant's household or increases in household expenses because of the epidemic.

I CERTIFY, TO THE BEST OF MY KNOWLEDGE, THAT:

1. The above information is true and correct.
2. If a grant is awarded to Applicant, the proceeds will not be distributed to or used to benefit any organization or Individual supporting or engaged in any unlawful activity.

Applicant's Signature: _____ Date: _____