



**Sullivan County, NH**  
**COVID-19 Greater Sullivan Strong - Community Assistance Request Form**

**Requesting Non-Profit Business Name:** \_\_\_\_\_

**Authorized Agency Contact Information:**

Name/Title:

Email:

Address:

**Is check payable to this entity name and address above?** If not, please specify \_\_\_\_\_

Cell Phone/ Office Phone:

**Please provide a write up of how these funds will be used and address the following:**

- What is the current gap or challenges that COVID-19 has caused in service delivery or volume of need that you are trying to address? For example, are the gaps/needs you are facing related to: **Increased demand, Loss of revenues associated with closures, etc., Costs/Challenges of developing new delivery systems or Start-Up costs to put in place partnerships, technology systems, or other tools needed to adapt to stay-home orders?**
- Are there other non-funding resources that would help you address this need or gap? What are they?
- How many residents do you anticipate to serve with the support of these funds?
- What % of the funding request will support services that are unduplicated within Sullivan County?
- What other partners would be involved in this work?

What amount of funding would be needed to **address the need or gap you've described**? Keep in mind available funds are from a limited, shared, community pool and we are trying to make wise use of shared resources to support urgent needs of our community members and 16 towns. Please break your request into time-sequenced requests as new resources may become available in 4, 8, and 12 weeks, etc.

| Request description   | 'Address the Gap' amount needed, Month: | 'Address the Gap' amount needed, Month: | 'Address the Gap' amount needed, Month: | Total |
|---|---|---|---|-------|
| <i>Example (please delete):<br/>Increased needs for Food Access</i> |   |   |   |       |
| <i>Example (please delete):<br/>Phone cards for telehealth</i>      |   |   |   |       |
|   |   |   |   |       |
|   |   |   |   |       |
|   |   |   |   |       |
| <b>Total</b>  |   |   |   |       |

By signing below, I am agreeing to use and maintain records of all purchases made with these funds. I understand the County may request proof of purchases at any time and I will comply with the requests.

\_\_\_\_\_   
*(Requesting Authorized Agent & Date above)*

**OFFICE USE ONLY: 25.735.11018 COVID-19 GSCPHN Community Assist**

**Total Amount Approved:** \_\_\_\_\_

Signature & Date: **Derek R. Ferland, County Manager**  
 Sullivan County, New Hampshire

Signature & Date: **GSC COVID-19 Funds Liaison**  
 Please Print Name

Please return form to: [GSCPHN@hitchcock.org](mailto:GSCPHN@hitchcock.org)