Mid-South COVID-19 Regional Response Fund – Phase 2
Operating Support Application Questions

Applicants will be asked to respond to the following questions.

- Organization Legal Name:
- Organization Address:
- Organization Phone Number:
- Organization Website:
- If published, please provide your organization’s LIVEGIVEmidsouth profile URL. If your LIVEGIVEmidsouth profile is not yet published, please instead provide your organization’s mission, a brief description of services, and service area.
- Grant Contact Name:
- Grant Contact Title:
- Grant Contact Email:
- Grant Contact Phone:
- Grant Amount Requesting (up to $50,000):
- Does your organization serve any of the following populations? (Check all that apply)
  - The elderly, youth, LGBTQ+, other high-risk populations;
  - Low-income families;
  - Residents who are food insecure;
  - Residents who are housing insecure;
  - Residents who have no medical insurance or who are underinsured;
  - Residents who will experience a loss in household income due to interruptions in work and lack access to sick days;
  - Residents who face extraordinary childcare challenges as a result of school or daycare closures;
  - Immigrants and refugees; and
  - Communities of Color.
- If yes, please explain and share how your staff and leadership represent, involve, and sustain those populations in your decision-making processes. If no, please state that you serve the general population.
- In which of the following categories does your organization fall? (Check all that apply)
  - Serves priority populations with programming related to:
    - Health – Food
    - Health – Medical
    - Health – Mental
    - Safety – Housing
    - Safety – Child welfare
    - Safety – Elderly care
    - Safety – Legal aid
    - Jobs – Creating
    - Jobs – Connecting
    - Education – Strategies for addressing/preventing learning loss
    - Education – Strategies for addressing the digital divide
    - Education – Childcare needs
    - Education – Social and emotional development
    - Other Services (please specify):
• Other – Seeking support to implement remote work or programming
  • Other – Organization is at high risk of:
    ▪ Permanent closure
    ▪ Loss of paid staff
    ▪ Loss of venue or workspace

• Is your organization providing services to a large population OR providing intensive or specialized services to a smaller population? Please explain.
• Is your organization seeking funds for continuity of operations due to increased expenses or decreased revenue? If yes:
  o Provide estimates of the projected monthly financial impact over the next 12 months.
  o Briefly explain the impact to your clients and/or community if this financial need is NOT met.

• Is your organization seeking funds for new, increased, or changed support to affected people or communities? If yes:
  o Provide estimates of the projected monthly financial expenses to implement new, increased, or changed support over the next 12 months.
  o Briefly explain how this new, increased, or changed support by your organization will impact your clients and/or community if this financial need IS met. What gaps will be addressed?

• Has your organization applied for Paycheck Protection Program (PPP)? If yes:
  o Was your organization approved?
  o If approved, how much did your organization receive and how much do you estimate will be forgiven?

• Has your organization applied for or received any other national or local governmental or private funding in direct response to the impact of COVID-19? If so, please list the program, the amount, and the status of the application.