



**FAIRFIELD COUNTY  
COVID-19  
RELIEF FUND**



**Name of Organization:** \_\_\_\_\_

**Contact Person/Title:** \_\_\_\_\_

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

**Email Address:** \_\_\_\_\_

**Organization's IRS Identification Number:** \_\_\_\_\_

**Amount of Funds Requested (not to exceed \$5,000):** \_\_\_\_\_

**Needs Summary Overview - Please include the following information:**

1. Provide a brief description of the organization's need (what is the category that best describes this need; select one):
  - Immediate, basic human needs (food/water, shelter, clothing)
  - Mental health services
  - Economic impact on individuals as a result of employment changes due to COVID-19
  - Other
2. Please provide brief and specific information regarding:
  - a. The organization's mission and current efforts to serve Fairfield County citizens
  - b. Needs related to COVID-19
  - c. How funding would be used, and costs involved
  - d. Who will be served (intended recipients and geographical area)
  - e. Timetable for implementation of the services
3. How many people do you expect to serve?
4. Is your organization eligible to receive Federal or State reimbursements for any of the COVID-19 related needs you are addressing?    Yes    No
5. Please complete a Counter Terrorism Compliance Form and include with application.
6. Please check any of the following statements that apply to your organization:
  - Organization is conducting supplemental fundraising
  - Organization is an affiliate of a national organization providing support
  - Organization has cash reserves and/or contingency funds
  - None of these statements apply to the organization

\_\_\_\_\_  
**Signature of person completing this application**

\_\_\_\_\_  
**Date**

Email completed application to [aeyman@fairfieldcountyfoundaiton.org](mailto:aeyman@fairfieldcountyfoundaiton.org) or [sreed@uwayfairfieldco.org](mailto:sreed@uwayfairfieldco.org)

# Counterterrorism Compliance

## Anti-Terrorism Compliance Measures

In compliance with the USA Patriot Act and other counterterrorism laws, the United Way of Fairfield County requires that each agency certify the following:

*"I hereby certify on behalf of \_\_\_\_\_  
(name of grantee) that all United Way Funds and donations will be used in  
compliance with all applicable anti-terrorist financing and asset control  
laws, statutes and executive orders."*

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

\*\*\*\*Both Front & back of form must be completed.

# Counterterrorism Compliance

In compliance with the spirit and intent of the USA PATRIOT Act and other counterterrorism laws, the United Way of Fairfield County requests that each funded agency ("Organization") certify that it is in compliance with the United Way of Fairfield County and the United Way of America's ("UWA") compliance program.

**ORGANIZATION NAME:** \_\_\_\_\_

Check the Appropriate Box to Indicate Your Compliance With Each of the Following:	Comply	Do Not Comply
This Organization is not on any federal terrorism "watch lists," including the list in Executive Order 13224, the master list of specially designated nationals and blocked persons maintained by the Treasury Department, and the list of Foreign Terrorist Organizations maintained by the State Department.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not, will not and has not knowingly provided financial, technical, in-kind or other material support or resources* to any individual or entity that is a terrorist or terrorist organization, or that supports or funds terrorism.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not, will not and has not knowingly provided or collected funds or provided material support or resources with the intention that such funds or material support or resources be used to carry out acts of terrorism.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not, will not and has not knowingly provided financial or material support or resources to any entity that has knowingly concealed the source of funds used to carry out terrorism or to support Foreign Terrorist Organizations.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not regrant to organizations, individuals, programs and/or projects outside of the United States of America without compliance with IRS guidelines.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization takes reasonable, affirmative steps to ensure that any funds or resources distributed or processed do not fund terrorism or terrorist organizations.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization takes reasonable steps to certify against fraud with respect to the provision of financial, technical, in-kind or other material support or resources to terrorists and terrorist organizations.	<input type="checkbox"/>	<input type="checkbox"/>

\* In this form, "material support and resources" means currency or monetary instruments or financial securities, financial services, lodging, training, expert advice or assistance, safehouses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

I certify on behalf of the Organization listed above that the foregoing is true.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

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