The Peninsula Health Care District Board of Trustees has established a COVID-19 Relief Fund to respond to the rapidly evolving health needs of our residents.

**Who is eligible to apply?**

All local non-profit, health, and human service providers who are addressing fundamental needs of our community and who are primarily serving residents within the PHCD boundaries (San Mateo, Foster City, Burlingame, Hillsborough, Millbrae, San Bruno, South San Francisco) are eligible to submit a one-time request for funding.

Any COVID-19 related work will be considered for funding, but priority will be given to applicants that are addressing:

1. Food insecurity
2. Personal Protective Equipment shortages, especially for congregate living communities and high-risk populations
3. Mental health
4. Isolation, especially for seniors and at-risk populations.

PHCD may update priority funding areas based on the evolving needs of the community.

**Funding Cycles:**

Over the next three months, funding cycles will occur on a monthly basis. See below for application deadlines and dates for fund distribution.

**Application Process:**

Completed applications must be sent via email to Ashley.mcdevitt@peninsulahealthcaredistrict.org by the deadlines listed below to be considered for funding.

<table>
<thead>
<tr>
<th>Application deadline:</th>
<th>Distribution of Funds:</th>
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<tbody>
<tr>
<td>May 15, 2020</td>
<td>May 31, 2020</td>
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<tr>
<td>June 15, 2020</td>
<td>June 30, 2020</td>
</tr>
<tr>
<td>July 15, 2020</td>
<td>July 31, 2020</td>
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**Reporting:**

Successful applicants will be required to agree to reporting terms as determined by PHCD which will be set at the time of the award.

4/24/2020
**Organization and Program Overview**

1. Name of organization:
2. Purpose of organization:
3. Grant request amount:
4. What community health need will this funding address?
5. Briefly discuss why funding is needed relative to the impact of the COVID-19 pandemic:
6. How will funding be used?
7. How many PHCD residents do you expect to serve with this funding? Please explain.
8. How will services/program be delivered to the community? (include location, delivery method, etc.)
9. List metrics/outcomes that will be tracked and provided to PHCD as documentation that funds were used as committed to in this request:
10. Have you received any other sources of relief funding at the time of the application? If so, please explain:
11. Who is responsible for completing this application?
   - Name:
   - Title:
   - Address:
   - Email:
   - Phone: