

Application: Covid-19: Community Response Grant

This grant is designed to provide WMI Scholars with funding to implement immediate projects to proactively slow the spread of the Covid-19 virus, improve access to accurate information, increase knowledge and adoption of personal and community hygiene practices, and aid in ensuring the continuity of services for vulnerable populations in local communities.

All WMI Student and Graduate Scholars in good standing are eligible to apply for a Covid-19: Community Response Grant. Applications will be accepted on an on-going basis. However, there is limited funding to support this special relief program and approval is not guaranteed.

The Covid-19: Community Response Grant fund and the Community Development Grant Fund are separate programs. Applying for a Covid-19: Community Response Grant will not impact your eligibility for a Community Development Grant.

Note: ONLY applications from WMI Student & Graduate Scholars will be reviewed and considered for funding.

If you have any questions or issues in completing this application, write to

nicole@wellsmountain.com

* Required

1. Email address *

2. Are you a WMI Scholar? *

Mark only one oval.

- Yes, I am a WMI Graduate Scholar.
- Yes, I am a WMI Student Scholar.
- No, I am not a WMI Scholar.

Information about the applicant

Please provide the following personal information.

3. First name *

4. Family name *

5. Phone number *

Include your country code.

6. WhatsApp number *

Include your country code.

7. The name associated with your Facebook account:

8. Where you are currently living: *

City and country

Proposal

In this section provide a detailed explanation of the project that you would like to implement. Be prepared to provide details about where you will implement this proposal, who will benefit, when activities will take place, and what resources are needed. You are not required to complete a separate written proposal. Instead, you should include adequate details within this section.

9. What grant amount are you requesting? *

One-time grant funding is available in the amount of \$100-500 USD.

10. Which of the following objectives is your proposal designed to achieve: *

Check all that apply.

Check all that apply.

- Enhances local knowledge of Covid-19.
- Aids in providing solutions to improve personal and community hygiene and access to personal protection equipment to reduce the spread of Covid-19.
- Assists healthcare facilities in preparing for the added demands of suspected and confirmed cases of Covid-19.
- Assists in providing continuity of services and resources to vulnerable populations with compromised immune systems.
- Provides creative solutions to assist students with continued learning during the disruption of the traditional academic year.
- Other

11. If "Other", please explain.

12. Describe your proposed project in detail. *

Include the following: Details about where you will implement this proposal, who will benefit, when activities will take place, what resources are needed (supplies, funding, partnerships, permission), and how your proposal will meet the objective(s) selected above.

13. When will you start this project? *

Note: The first application review session will take place on Monday, April 20. Funding for approved proposals will be sent within seven days. Please take into consideration time for delivery of funds via mobile money and through bank wires. Additional rounds of application review will take place at the start of each week on Monday.

Example: January 7, 2019

14. When will this project be complete? *

Example: January 7, 2019

15. Will your proposal be implemented in the community where you currently live or work? *

Mark only one oval.

Yes

No

16. If not, where will it be implemented?

City and country

17. Who are the target beneficiaries? *

Check all that apply.

Check all that apply.

- Children
- Youth
- Older Population (50+)
- Disabled
- Local Community
- National Audience
- Refugees
- Unemployed/Out of School Youth
- Women and Girls
- Health Professionals
- Business Owners
- Individuals with Compromised Immune Systems
- Other

18. If "Other", please explain who the target beneficiaries are:

19. Will you be working with other individuals, community groups, organizations, or businesses to support/implement your proposal? *

Mark only one oval.

Yes

No

20. If you will be working with others to implement this proposal, please explain:

21. Does your proposal include an idea or action that could be replicated by other WMI Scholars in their communities? *

Mark only one oval.

Yes

No

22. If yes, are you willing to share your idea and implementation plan with others?

Mark only one oval.

Yes

No

23. What are some potential challenges or barriers that may impact the implementation of your proposal? *

Please consider challenges or barriers that relate to your personal circumstances, the local culture and norms, the target community, your beneficiaries, finances, etc.

24. Additional comments or information:

Budget

In this section provide a detailed list of anticipated expenses to implement your proposal. You should list each item, the quantity you intend to purchase, cost per item, and total cost in your local currency and USD. You are encouraged to provide as much detail as possible.

25. List all anticipated expenses to implement this proposal. For all expenses, include the item/expense name, the quantity (if applicable), the cost per item, and total cost in your local currency and USD. *

Here is an example: 1.) Paper, 3 packets of 100 sheets each, 50 BRL per packet, total = 150 BRL / \$29 USD

26. List any other anticipated sources of support (cash or in-kind):

27. Are you currently able to easily purchase the supplies needed to implement your project within your local community? *

Mark only one oval.

Yes

No

28. If not, please explain how you plan to overcome this challenge.

29. Additional comments or information:
