



VERMONT MUTUAL
INSURANCE GROUP

COVID-19 Recovery Grant Application

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Website: _____

Executive Director Name: _____

Phone: _____ E-mail: _____

Contact Name: _____

Phone: _____ E-mail: _____

Tax ID Number: _____ Is the organization a 501(c)(3)? Yes ___ No ___

Organization's focal points (*check all that apply*):

Education ___ Youth ___ Basic needs ___ Health ___ Arts ___ Adult ___ Senior ___

Amount of funding you are requesting: _____

Please describe the impact that COVID-19 has had on your organization and how the grant would be used:

Signature: _____ Date: _____

Return via email to: COVID-19Relief@VermontMutual.com

or

Mail to: Vermont Mutual COVID-19 Recovery Fund

PO Box 188

Montpelier, VT 05601-0188