

COVID-19 MINI-GRANT ECOWAS RELIEF FUND APPLICATION



ECOWAS RELIEF FUND Individual Application Form.

Ecowas Relief Fund Organization, we have overcome many difficult situations together over the years: natural disasters, man-made disasters, economic emergencies—but nothing quite like the health emergency we face today.

ECOWAS RELIEF FUND is a Fund available for individuals who have experienced a decrease in needed wages or loss of job that results in a lack of resources to pay for essential expenses. We support individuals and families with access to food; supplementing lost wages and/or housing costs or serving vulnerable populations such as seniors and/or homeless.

We are Participating funders working collaboratively to collect emergency funding requests, using a common online application, in order to simplify and streamline the process for nonprofits seeking emergency funds.

The COVID-19 Community Relief Fund application is open January 2020 through December 2020 for the first round and same through a New batch Year. Applications will be accepted on a rolling basis and evaluated weekly for future rounds. Decisions will be made throughout the crisis period to facilitate the urgent need for funding against evolving community need.

Grant ranges will be considered depending on the number of requests and amount of funding available.

WHO IS ELIGIBLE TO APPLY?

In order to be eligible for funding, applicants must meet the following criteria:

- Must live and work within the **Ecowas Member States**.
- Must possess and provide necessary documents to be considered (Staff ID Card, Employment Letter, and National ID Card).
- Must provide services that address immediate response relief efforts in response to COVID-19.
- Must be a registered and must have paid the required fee.

We at Ecowas Relief Fund, we are known of coming together to support one another because we care!

Personal Information

Fill All* And Provide Accurate and Correct Contact Information

*Full Name:		*Names as appears in Identity Document (ID):		*Gender:	
				Male	
				Female	
*Date Of Birth:		*National Identity Number:			
*Race Group:		Africans	Indians	*Disabilities:	Yes
		Colored	Whites		No
*Home Address:		*Country:		*Tel. No.:	
		*Religion:		*Cell No.:	
*Marital Status:		*Have You Applied & Received Any Covid-19 Relief Aid before?		Language Proficiency:	
Married		If Yes, Please State:		English	
				French	
				Other	
Single		If No, Please State:			
Divorce					
Give A Brief Summary Of Yourself And How The Covid-19 Pandemic, Restrictions Have Affected You And Your Household:					

Jobs And Employment Information

Fill Accurate and Correct Information

Are You Employed?	If Yes, State The Nature Of Employment:		
	If No, Give Brief Reason:		
Are You Receiving Any Financial Aid Support Program If Yes, Give Details & Amount:			
Are You Currently Employed, If Yes, Briefly, Describe The Organization:			
How Long Have You Worked In Your Last or Present Employment:	Are You A skilled worker:		What is Your Alternative Source of income aside your Salary:
	If Yes, Please Describe:		Trade Earning:
		No	Other: Earning:
In what Ways Has Your Present or Last Employment Been Affected By The Covid-19 Pandemic:			
<ul style="list-style-type: none"> <input type="radio"/> Loss Of Revenue <input type="radio"/> Losing Space <input type="radio"/> Staff Layoff <input type="radio"/> Risk Of Permanent Closure <input type="radio"/> Other: _____ 			
How is Your Total Monthly Income or Earning Flow (3-6 months ago):			
<ul style="list-style-type: none"> <input type="radio"/> \$50 - \$100 <input type="radio"/> \$101 - \$500 <input type="radio"/> \$501 - \$800 <input type="radio"/> \$801 - \$1000 <input type="radio"/> \$1000 - Above 			
(N.B: A Review Of Your Bank Account Statements Will be Required To Determine The Grant Offer)			

Expenses

Fill An Accurate & Honest Information To Where Applicable

HOUSING	AMOUNT (convert from local Currency to USD)
Mortgage	(\\$)
Rent	(\\$)
Sub-Total	(\\$)
Groceries	(\\$)
Sub-Total	(\\$)
TRANSPORTATION	
Public Transport	(\\$)
Fuel	(\\$)
Car Service	(\\$)
Sub-Total	(\\$)
UTILITIES	
Water	(\\$)
Electricity	(\\$)
Other: Specify	(\\$)
Sub-Total	(\\$)
OTHER EXPENSES	
1. Personal Short Loans (if any, please prove)	(\\$)
2. Education	(\\$)
Sub-Total	(\\$)
TOTAL MONTHLY EXPENDITURE	(\\$)
<p>Describe The Impact This Funding Will Have On You In Stabilizing And Recovering from the Effects Of The COVID-19 Pandemic If Offered The Grant:</p> <ul style="list-style-type: none"> <input type="radio"/> - <input type="radio"/> - <input type="radio"/> - 	

DECLARATION CLAUSE:

In Order To Submit Your Application, You Must Read The Following Declarations And Confirm All That You Agree To Them By Checking The Adjacent Boxes.

<input type="radio"/>	I Declare That All The Information Provided In This Application Is True, Accurate, And Complete And I Acknowledge That I May Be Called Upon Or Communicated Via Any Channel To Confirm My Application.
<input type="radio"/>	I Declare That I Live In The ECOWAS MEMBER STATES With a Valid Residential Address For A Minimum Of 12 Months Prior To The Date Of Making This Application.
<input type="radio"/>	I Declare That My Date Of Birth Which Is Requirement For This Application Is True And Correct.
<input type="radio"/>	I Declare That I Have Read The Terms Of This Application Category Stated On The Official Website And Conditions Prior To Disbursement Qualification Will Be Followed Duly.
<input type="radio"/>	I Declare That My Employment Status Is Accurate, And Also That Due To The Global Pandemic, My Source Of Earning Have Been Affected.
<input type="radio"/>	I Declare That The Funds Will Be Used Legitimately And Not for Terrorism Sponsorship Or Any Form Of War. If Otherwise, I accept The Law Of The Land To Have Its Course.

I, _____ With ID No. _____ Hereby Declare That All Statements Made Herein Are To My Knowledge And Belief True. I Understand That Any False Statements May Result In Being Found Guilty And May Have My Application Disqualified.

I Also hereby Consent That The Information Provided May Used For Further Investigation By The Organization Department As Well Determine The Eligibility Of The Application.

SIGNED AT: _____ **ON THE** _____ **DAY OF** ____/____.

SIGNATURE: _____

SUBMISSION CHECKLIST:

Ensure You Submit A Complete Application By Including The Following Materials In Addition To This Application Form.

Upload: To upload all files (Application Form & the Required Documents, Visit Our Homepage – www.ecowasrelieffund.org and click on the Menu Button: **Uploads Here**

<input type="radio"/>	Completed Individual Application Form
<input type="radio"/>	A Copy Of Employment Letter (If Still Employed)
<input type="radio"/>	A Copy Of Layoff Letter (If Not Employed)
<input type="radio"/>	Certified Copy Of Current Identity Document
<input type="radio"/>	Latest Proof Of Residence - <u>Utility bill</u> (Not Older Than 3 Months)
<input type="radio"/>	Latest Bank Account Statements (6 Months Old)
<input type="radio"/>	A Passport Photograph (3 Months old)