



## SUN Funding Application-COVID-19 Response

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*Adirondack Foundation*

### **Are you in the correct application?\***

**This application is for Special and Urgent Needs COVID-19 Response Fund. PLEASE NOTE: Home-based child care providers are NOT eligible for SUN Fund, but are welcome to apply for assistance through Small Grants for Small Children. If this is not what you are looking for, please click on the "apply" menu on the page header to see other options.**

**I am applying to the correct grant application:**

#### **Choices**

Yes

No

A coalition of foundations and businesses including Cloudsplitter Foundation, Charles R. Wood Foundation, United Way of the Adirondack Region, Adirondack Energy's Adirondack for Kids, Champlain National Bank and other generous donors are supporting the Special and Urgent Needs (SUN) Fund for COVID-19 response.

### **Request Name\***

*Character Limit: 100*

### **Funding Request Description\***

Briefly describe the need you are addressing as a result of the COVID-19 outbreak and fallout and how this funding will help.

*Character Limit: 2500*

### **Amount Requested\***

Grants range from \$1,000-\$10,000 maximum

*Character Limit: 20*

### **Program Area\***

Which priority area best describes the funding assistance supported by this request?

#### **Choices**

Food access

Child care

Elder assistance

Economic assistance

Small business assistance

Nonprofit capacity to meet higher demand of services

Other



### Age Groups Served

Please choose the primary age group served by this funding request.

#### Choices

- Prenatal
- Prenatal - 5
- Birth to 3
- Pre-K
- Kids 5-12
- Teens 13-17
- Post High school 18-21
- Young Adults 21-40
- Adults 21-60
- Active Retirees
- Seniors
- All ages
- Adults 18-100 Years Old
- Students 5-18 Years Old

### Population Served

Please choose the number of people served by this funding request.

#### Choices

- 0-10
- 11-25
- 26-50
- 51-100
- 101-250
- 251-500
- 500 and above

### *Program Area*

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#### Other Program Area

If you chose other above, please explain the program area your funding request best fits.  
(Example: Transportation, Mental Health, Housing etc.)

*Character Limit: 250*