

**STATE & LOCAL FISCAL RECOVERY FUNDS**

**PUBLIC HEALTH EMERGENCY PROJECT APPLICATION**

**Organization’s Name:**

**Address:**

**Contact’s Name:**

**Contact’s Email:**

**Contact’s Phone #:**

**Project Location:**

**Request Amount:** $ **Applicant’s Share:** $ **Project Cost:** $

**Project’s Start Date:**

**Project’s Completion Date:**

**Describe how project is related to COVID-19.**

Note: The applicant may type beyond the number of lines for the above and on the next page. However, the application cannot be more than three (3) complete pages, including these first two (2).

**Resident/Community Profile:**

Census Tracts:

Percentages to Medium Income Levels? 30% \_\_\_\_\_ 50%\_\_\_\_\_ 80%\_\_\_\_\_

Gender:

Minority Status:

Age Groups:

Veterans:

Employed:

Unemployed:

Underemployed:

**The project will provide (testing, vaccines, etc.) and to how many.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Individuals** \_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Households**\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Communities**\_\_\_\_

**What are the expectations of the project and how will you evaluate achievement of the project?**

**How will the project assure equity for those individuals, households, and communities that have been underserved?**

**Please contact** **victor.trevino@co.cameron.tx.us** **for any questions.**