



# COVID-19 Relief and Recovery Grant Review Committee Application

Applicant Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Background/Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Weekdays Available:

*(Circle all that apply)*

Mon Tues Wed Thurs Fri

Time of Day Availability:

*(Circle all that apply)*

8am-12pm 12pm-5pm After 5pm

### Office Use

Mayor Approved?  Yes  No

Date of Approval/Denial: \_\_\_\_\_

Mayor Signature: \_\_\_\_\_