LEHIGH CARES APPLICATION – HUMAN SERVICES / BEHAVIORAL HEALTH

Organization Name and Address, including any DBA information___________________________________________
___________________________________________________________________________________

Organization Website__________________________________________________________________

Authorized Representative, Email and Phone______________________________________________

Alternate Contact, Email and Phone______________________________________________________

EIN and/or DUNS_________________________________________ Entity type, N-P or F-P______________

Social Services Provided__________________________________________

Have you pursued other assistance, include FEMA, HHS, CDC, CDBG and/or other Yes / No

When was application made?______________________________________________________

What amount was requested?______________________________________________________

What have you been awarded?______________________________________________________

Please attach Most Current Annual Budget and when Adopted, specific to Lehigh County programs

Have changes been made to that? When and how much?____________________________________

# of Staff Furloughed/Laid Off/Hours Reduced due to COVID-19_______________________________

# of Staff Substantially Dedicated to COVID-19 response or Programming? (Direct response,
Mitigation, and/or Planning)___________________________________________________________

Any Offices closed and start/end dates__________________________________________________

Reduction in Office or Service Hours____________________________________________________

Explain any Expanded Services Due to COVID. Include Counseling and MH/D&A supports to individuals
and Families, PTSD supports to Frontline workers, those adversely impacted by stay at home orders, etc
Please attach explanation.

Explain Services reduced or eliminated due to COVID. Please attach explanation.

Explain additional facility services and costs such as screening, security, PPE, other Protective
Equipment, Disinfecting procedures, etc. Please attach explanation.

List additional IT costs for hardware or software as a direct result of COVID.________________________

Amount of Assistance Requested________________________________________________________

Please provide a narrative explaining service changes, revenue shortfalls, outreach, costs and other
planning and changes due to COVID. Limit this narrative to three (3) pages.