

# PIERCE COUNTY CONNECTED Funding Request

---

*Greater Tacoma Community Foundation*

## *Request Questions*

---

### **Questions?**

Please review the Frequently Asked Questions. If you need additional information, contact [grants@gtcf.org](mailto:grants@gtcf.org) or 253.383.5622.

### **Technical Support**

If you have technical questions about the request form, please contact Jason Hamman, Grants Administrator, at [grants@gtcf.org](mailto:grants@gtcf.org) or 253.383.5622.

### **Does your organization primarily operate in Pierce County?\***

#### **Choices**

Yes

No

### **In what communities does your organization serve?\***

*Select all that apply:*

#### **Choices**

Auburn  
Bonney Lake  
Buckley  
Carbonado  
Clear Lake  
DuPont  
Eatonville  
Edgewood  
Enumclaw  
Fife  
Fircrest  
Gig Harbor  
Lakewood  
Milton  
Orting  
Pacific  
Puyallup  
Roy  
Ruston  
South Prairie  
Steilacoom  
Sumner

Tacoma  
Wilkeson  
Other  
N/A

### **Vulnerable Populations\***

Throughout Phase 2, PIERCE COUNTY CONNECTED funding will support organizations already serving vulnerable populations. Which vulnerable population(s) does your organization already work with?

*Select all that apply:*

#### **Choices**

Communities of color  
Front line workers needing health protection or equipment  
Immigrants  
Low-income communities  
People experiencing domestic violence  
People needing behavioral health supports  
People with disabilities  
Senior Citizens  
Youth  
Another vulnerable population not listed

### **Which barrier(s) will this grant address?\***

Throughout Phase 2, PIERCE COUNTY CONNECTED funding will support organizations already serving one or more vulnerable populations above who are experiencing one or more barriers identified from the community.

*Select all that apply:*

#### **Choices**

Childcare gaps for front line staff required to work\*  
Food insecurity  
Front line workers who need hotel isolation (including those who are symptom free)  
Homelessness  
Housing insecurity  
Another barrier not listed

*\* Includes essential workers, first responders and medical providers.*

### **How has your organization been impacted by COVID-19?\***

*Select all that apply:*

#### **Choices**

Cancellation of contracts, programs or services resulting in revenue loss  
Disruption of services to clients and communities  
Increased demand for services from clients and communities  
Lack of remote technology resources  
Loss of volunteers or workforce

Security issues

Additional impact not listed

### **Funding Purpose\***

*Character Limit: 100*

### **Request Amount\***

*Character Limit: 20*

### **Use of Funds\***

How would your organization use PIERCE COUNTY CONNECTED funding?

*Character Limit: 3000*

### **Additional Support\***

Are there other ways PIERCE COUNTY CONNECTED funders might be able to support your organization during this time?

*Character Limit: 1800*

### **ACH Payments\***

In order to get funding to organizations as soon as possible, GTCF uses ACH transfers instead of checks.

1. Has your organization received funding from GTCF by ACH in the past year?
2. If so, is your banking information the same?

#### **Choices**

Yes

No

### **Does your organization have a fiscal sponsor?\***

#### **Choices**

Yes

No

## ***Impact***

---

### **Additional Impact Not Listed**

In what way(s) not listed above has your organization been impacted by COVID-19?

*Character Limit: 600*

## Vulnerable Populations

---

### Additional Vulnerable Population(s)

Which vulnerable population(s) not listed above does your organization serve?

*Character Limit: 600*

## Barriers

---

### Additional Barriers

Which barrier(s) not listed above will this request address?

*Character Limit: 600*

## Fiscal Sponsor

---

**Tip:** Use the "Collaborate" button at the top right of this page to invite your fiscal sponsor to complete this section and the ACH Authorization (if needed).

### Fiscal Sponsor: Name\*

*Character Limit: 100*

### Fiscal Sponsor: EIN\*

*Character Limit: 10*

### Fiscal Sponsor: Contact Name\*

*Character Limit: 100*

### Fiscal Sponsor: Address\*

*Character Limit: 1000*

## ACH Authorization

---

### ACH Authorization Form Upload\*

Please complete an **ACH Authorization form**. Before submitting, confirm that your ACH Authorization form is complete, signed, and includes a copy of a voided check OR a note on bank letterhead containing your account and routing numbers and name on the account.

*Allowed file types: PDF*

*File Size Limit: 8 MB*

## Voided Check

If not already included in your ACH Authorization Form upload, please provide a copy of your voided check or banking information on bank letterhead here.

*Allowed file types: PDF*

*File Size Limit: 8 MB*

## Declarations

---

**By submitting this proposal, you agree to the following:**

1. I understand that my request may not be funded
2. I agree to update my organization's application as needs change or surface so that funders can be as responsive as possible. GTCF will send you reminders in case you have additional needs.
3. I agree to allow GTCF to share my request with its fundholders and funding partners. The purpose of doing so is to help surface needs so that area funders can directly support unfunded applications

**I agree to the declarations above.\***

Type your **full name** below.

*Character Limit: 30*