

United Way of the Brown County Area and Brown County Chambers COVID-19 Individual and Family EMERGENCY Assistance Fund

United Way of the Brown County Area in partnership with Brown County Area Chamber offices created a special grant opportunity to help individuals and/or families experiencing a financial difficulty as a direct result of COVID-19. Please read the eligibility requirements carefully to see if you may qualify for assistance.

Eligibility & Requirements

To be eligible, an applicant must meet all of the following:

1. Reside in Brown County. Photo ID may be requested.
2. One adult member of the application household must have been employed in an industry that have been impacted by MN Executive Order 20-99. Bar, restaurant, spa, pool, theater, gym, lodging, event or convention center, or any other service or public accommodation.
3. Applicant must be without resources to meet the emergency need due to COVID-19. For example, proof of being laid off or hours reduced due to the MN Executive order 20-99 or COVID-19 illness.
4. Applicant must provide a written eviction notice, overdue rental, mortgage, daycare, utility, heating fuel, or other notice of past due water/sewer bill payment.
5. Once completed all monies approved will be vendor paid when possible. In some instances, the committee has the discretion to pay funds directly to the applicant.

Application Process

To be eligible, an applicant must meet all of the following:

1. Completed COVID-19 application
2. Proof of residence in Brown County Minnesota
3. Proof of emergency need (overdue bill or other notice)
4. Applications will be reviewed each Friday following the opening of applications on December 21st, with committee approving applications by the following Monday and checks issued by the following Wednesday.

COVID-19 INDIVIDUAL FAMILY GRANT

Household Information

First Name

Last Name

Street Address

City, State & Zip Code

Phone Number

Email Address

Number of household members

List names & age of household members:

Please select the following type of establishment you (or a family member) were laid off from, or hours reduced, prior to the recent MN Executive Order 20-99:

- Retail food and or beverage establishment
- Lodging Establishment
- Public Swimming Pool or Spa
- Manufactured Home Park
- Recreational Campground
- Other: _____

Emergency Request:

Emergency Request Date: _____

Emergency Request for:

- Food
- Rent
- Mortgage
- Utilities
- Daycare
- Medical
- Other Request: _____

Emergency amount needed to cover all above: \$

Business or Bill Owed To:

Business./Bill Contact Phone Number:

Total Amount of COVID-19 assistance Funds Requested: \$

Documentation

Attach proof of Brown County Residency (This can be a utility bill or other bill with your name and address on it.)

Attach copy of the bill showing what is owed (Rental, Utility, Medical, Daycare, etc.)

Applicant Signature: _____

Date: _____