



# CWAM Non-Competitive Emergency Grant Application

## APPLICANT INFORMATION

Institution:

Contact Person:

Mailing Address:

City:

State:

ZIP Code:

Telephone (business):

Fax:

E-Mail:

## EMERGENCY NEED

Nature of the emergency:

Type of assistance funding requested:

Other - Please Describe:

Amount Requested (\$2000 max):

## EMERGENCY DESCRIPTION

Please briefly describe the location of the emergency, current emergency status and perceived need.

### Grant Submission Instructions:

Please e-mail completed grant applications to:  
Christina Cain, CWAM Emergency Preparedness Chair  
emergencypreparedness@cwam-us.org  
For questions please email or Christina at 303-492-2198