



# COVID-19 EMERGENCY SUPPORT APPLICATION

Date of Submission:

Organization:

Primary City/ State /  
Country of Operation:

What is your urgent need regarding COVID- 19?

Amount Requested:

How will you utilize these funds?

Contact Person's Name:

Contact Person's Email

**Address of Organization Headquarters:**

**Organization's Website:**

**Does your organization currently have an MOU of any kind with AHF?**

YES

NO

**What type of organization is this?**

501(C)(3) – Charitable Organization (U.S. only)

NGO- Non- Governmental Organization

Other:

**Budget:** Please breakdown line by line how you will utilize this emergency grant.

Example: 20 lunch meals at \$10 each, totaling \$200.

For submission and questions please contact [ahffund@aidhealth.org](mailto:ahffund@aidhealth.org) or submit your application at the following website: [Click here](#)

**AHF is committed to helping the world community in this time of COVID-19 crisis. We will get through this together!**