

# Alexandria Resilience Fund

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*ACT for Alexandria*

## *Question Group*

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Please fill in the following information regarding your organization.

Organization Name:\*

*Character Limit: 250*

Primary Contact:\*

*Character Limit: 250*

Email Address:\*

*Character Limit: 254*

Phone Number:\*

*Character Limit: 250*

Address:\*

*Character Limit: 250*

City, State:\*

*Character Limit: 250*

Zip Code:\*

*Character Limit: 250*

Organization EIN:\*

*Character Limit: 250*

**Project Name\***

Name of Project.

*Character Limit: 100*

Amount Requested (up to \$5,000):\*

*Character Limit: 250*

Please provide a brief description of your organization (1-2 paragraphs).\*

*Character Limit: 10000*

What role has your organization played in providing essential services to Black, Indigenous and People of Color (BIPOC) Alexandria residents and those disproportionately impacted by the pandemic? \*

*Character Limit: 10000*

Please describe how the grant funds will be used, including how the request was identified, who from your team will benefit from this award and a timeline of your activities. \*

*Character Limit: 10000*

We are interested in learning which activities are useful for mental health and wellness support for nonprofit staff. Please share how you will determine the impact of your proposed activities. \*

*Character Limit: 10000*