



COMMUNITY ASSISTANCE ENDOWMENT GRANT REQUEST APPLICATION

Applicants Name: _____

Applicant Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Exact Amount Requested: _____ Percent of total cost: _____

Provider/Vendor: _____

Provider/Vendor Contact: _____

Address of Provider/Vendor: _____

City: _____ State: _____ Zip: _____

Provider Phone: _____ Email: _____

How funds will be used: _____

Statement of need, inability to pay, list of resources you have approached to help: _____

To Whom should the grant check be made payable to? _____

SIGNATURE REQUIRED ON PAGE 2

By accepting this grant and signing below, I agree that the grant is being used for the purposes indicated on this application. All information is accurate and true to the best of my knowledge. Receipts for services rendered are required and will be submitted to the Finance Department.

Signature of applicant: _____ Date: _____

Print name of ServiceSource staff referral: _____

TO BE COMPLETED BY REGIONAL EXECUTIVE DIRECTOR

Reviewed by: _____

Title: _____

Eligibility Determination (reason for decision, i.e. served in a ServiceSource Program):

Approved: _____ or Denied: _____ (check one)

Date: _____

Signed: _____

Additional approval if needed (\$500 or more)

TO BE COMPLETED BY SERVICESOURCE FOUNDATION EXECUTIVE DIRECTOR OR SERVICESOURCE CEO, CFO OR PRESIDENT

Approved: _____ or Denied: _____ (check one)

Date: _____

Signed: _____

Return completed form to ServiceSource finance department