



The Youngstown Foundation

CRISIS ASSISTANCE PROGRAM APPLICATION

Date: _____ **Organization Name:** _____

Executive Director/CEO/President Name: _____

Phone: _____ **Ext:** _____ **Email:** _____

Complete Mailing Address: _____

Amount of Request: \$ _____

Purpose of Grant: _____

Describe Direct Impact on Basic Needs of Clients Served: _____

Anticipated Results: _____

Long Range Plan/Solution: _____

To be considered, the following documents must be provided:

- } 2010 Operating Budget
- } Most recent Audit or Financial Statement
- } Current Board Roster
- } Executive Staff Roster
- } Mission Statement/Agency History

Signature of individual completing form: _____

Print: Name: _____

Title: _____