



## 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:**

- ✓ **Current Year 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: \_\_\_\_\_