



Date Needed By: _____	Total Amount Needed:	\$ _____
	Personal Contribution:	\$ _____
	ARK Advocates Amount Requested:	\$ _____
	Alternative Funding Available:	\$ _____

Please attach any other information you think necessary to evaluate the request.

I understand that the specific assistance monies granted to me by ARK Advocates are to be used solely for the above stated purpose. Verification of monies spent (receipts, bills paid, etc.) **must be sent** to ARK Advocates no later than 30 days post event.

\_\_\_\_\_  
Signature Date

**\*\*\*\*\*For Office Use Only\*\*\*\*\***

Date Received: \_\_\_\_\_ Date Presented to Committee: \_\_\_\_\_

Direct Service Committee Decision: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount Approved: \_\_\_\_\_ Date Approved by Committee: \_\_\_\_\_

Date Notified Applicant: \_\_\_\_\_ Check #: \_\_\_\_\_

Committee Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_