**\*\*\*All details must be fully completed on the form for consideration\*\*\***

**\*\*\*Incomplete forms will delay or reject your application \*\*\***

Application for Requesting Funds from Quota

Pre-qualification Form

How did you hear about Quota?

**APPLICANT CONTACT INFORMATION (PRIVATE INDIVIDUAL)** DATE:

NAME:

AGE:

PARENT OR GUARDIAN (IF APPLICABLE):

OCCUPATION: GROSS ANNUAL INCOME:

ARE YOU WILLING TO PROVIDE FINANCIAL INFORMATION? **YES** or **NO**. If NO why?

 MARITAL STATUS: SINGLE \_\_\_\_\_\_ MARRIED \_\_\_\_\_\_ SEPARATED\_\_\_\_\_\_ DIVORCED \_\_\_\_\_\_

 TOTAL NUMBER OF DEPENDENTS: \_\_\_\_\_\_\_ TOTAL NUMBER IN HOUSEHOLD: \_\_\_\_\_\_\_

ADDRESS CITY STATE ZIP

E-MAIL CELL PHONE# OTHER PHONE#

**REFFERAL AGENCY AND/OR AGENCY REQUESTING FUNDS**

BUSINESS NAME

BUSINESS CONTACT

ADDRESS CITY STATE

ZIP

EMAIL PHONE # FAX #\_

ARE YOU A NON-PROFIT ORGANIZATION? **YES** or **NO** 501(c)3#

**REQUEST FOR FUNDS:** DESCRIBE IN DETAIL WHAT YOU ARE REQUESTING FUNDS FOR & NEEDS JUSTIFICATION

***\*\*\*\*\*\*TO HELP YOUR REQUEST PLEASE ATTACH ANY DOCUMENATION PERTAINING TO YOUR REQUEST OR ADDITIONAL INFORMATION ON A SEPARATE SHEET OF PAPER \*\*\*\*\*\****

HOW WILL THE FUNDS BENEFIT UNDERPRIVILEDGED FAMILIES/CHILDREN AND/OR THE DEAF AND HARD OF HEARING COMMUNITY IN CENTRAL OREGON?

**FINANCIAL INFORMATION – AS APPLICABLE**

COST OF THE REQUESTED PRODUCT OR SERVICE

PROVIDE A QUOTE/INVOICE OR ANY OTHER DOCUMENATION PERTAINING TO THE COST

**YES I HAVE** or **NO I DON’T**. IF NO WHY?

WHO DOES THE PAYMENT GO TO

WHERE DOES THE PAYMENT NEED TO BE SENT

WHAT IS THE DEADLINE FOR THE FUNDS TO OBTAIN THE PRODUCT/SERVICE?

DOES THIS ESTIMATE INCLUDE A PROFESSIONAL DISCOUNT? **YES** or **NO** IF YES HOW MUCH

DOES THE APPLICANT QUALIFY FOR BENEFITS THROUGH THE OREGON HEALTH PLAN OR VIM **YES** or **NO**

IF YES PLEASE DESCRIBE AND HOW MUCH?

CAN YOU OR ARE YOU PREPARED TO PAY A PORTION OF THE COST IF NEED? **YES** or **NO.**

IF YES HOW MUCH? IF NO WHY?

DOES YOUR HEALTH INSURANCE PROVIDE ANY COVERAGE? **YES** or **NO.** IF YES HOW MUCH?

ARE YOU ELIGIBLE FOR FINANCING THROUGH A BANK, CREDIT UNION, FINANCE COMPANY OR FINANCIAL ASSISTANCE THROUGH THE PROVIDER OF THE SERVICE/PRODUCT?

**YES** or **NO** IF NO WHY?

**COMMUNITY SERVICE / QUOTA:**

IS APPLICANT WILLING OR ABLE TO VOLUNTEER FOR A COMMUNITY SERVICE PROJECT THROUGH QUOTA

**YES** or **NO.** IF NO WHY?

IF THE APPLICANT IS AWARDED A BENEFIT, CAN HE/SHE ATTEND A QUOTA MEETING TO OFFER A BRIEF

TESTIMONIAL? **YES** or **NO.** IF NO WHY?

**PROCESS FOR SUBMITTING REQUESTS:** *NOTE: THE PROCESS FOR OBTAINING FUNDING APPROVAL TAKES 30-60 DAYS.*

SUBMIT COMPLETED REQUEST TO: **QUOTA SERVICE COMMITTEE, PO BOX 1372, BEND OR 97709**

**Or EMAIL T****O: quotaofcoservice@gmail.com**

**NOTE: APPROVED FUNDS ARE RELEASED ONLY TO THE PROVIDER COMPANY.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **QUOTA USE ONLY:** | *APP RECEIVED:* | *SERVICE MEETING\_ APPROVE / DECLINED OTHER\_*  | *BOARD**MEETING: APPROVE / DECLINE* | *GENERAL**MEETING: APPROVE / DECLINE* | *CHECK REQ**CH#\_*  |