

\*\*\*All details must be fully completed on the form for consideration\*\*\*  
\*\*\*Incomplete forms will delay or reject your application \*\*\*



Application for an  
**Organization/Group**  
Requesting Funds from Quota

DATE: \_\_\_\_\_

How did you hear about Quota? \_\_\_\_\_

\_\_\_\_\_

**ORGANIZATION OR GROUP REQUESTING FUNDS**

GROUP NAME \_\_\_\_\_

GROUP CONTACT PERSON \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

ARE YOU A NON-PROFIT ORGANIZATION? **YES** or **NO** If yes, list 501(c)3# \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOW WILL THE FUNDS BENEFIT UNDERPRIVILEGED FAMILIES/CHILDREN AND/OR THE DEAF/HARD OF HEARING/SPEECH IMPAIRED, COMMUNITY IN CENTRAL OREGON?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**FINANCIAL INFORMATION**

COST OF THE REQUESTED PRODUCT OR SERVICE: \_\_\_\_\_

PROVIDE A QUOTE/INVOICE OR ANY OTHER DOCUMENTATION 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? \_\_\_\_\_

**PROVIDE A COPY OF THE MOST RECENT TAX RETURN**

**COMMUNITY SERVICE / QUOTA:**

IF AWARDED A BENEFIT, A REPRESENTATIVE OF OUR GROUP : (PLEASE CHECK APPLICABLE BOXES BELOW)

- WOULD BE INTERESTED IN VOLUNTEERING FOR A QUOTA COMMUNITY SERVICE PROJECT
- ARE WILLING TO ATTEND A QUOTA MEETING TO OFFER A BRIEF TESTIMONIAL
- GIVE QUOTA PERMISSION TO SHARE OUR LOGO/PHOTOS IN MARKETING AND/OR SOCIAL MEDIA

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**SUBMIT COMPLETED REQUEST TO:**

**QUOTA SERVICE COMMITTEE, PO BOX 1372, BEND, OR 97709**  
**Or EMAIL TO: [quotaofcoservice@gmail.com](mailto:quotaofcoservice@gmail.com)**

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

<b>QUOTA USE ONLY</b>				
APP RECEIVED: _____	SERVICE MTG _____ APPROVE / DECLINED OTHER _____	BOARD MTG: _____ APPROVE / DECLINED OTHER _____	GENERAL MTG: _____ APPROVE / DECLINED OTHER _____	CHECK REQUEST: # _____