



**QUOTA IN CENTRAL OREGON
FUNDING REQUEST APPLICATION**

APPLICANT/BENEFICIARY CONTACT INFORMATION (PRIVATE INDIVIDUAL)

Name: _____ Age: _____

Name Parent or Guardian (if applicable): _____

Occupation: _____ Gross Annual Income: _____

Are you willing to provide financial information? **YES** or **NO**

If **NO**, why not? _____

Marital Status: Single ___ Married ___ Separated ___ Divorced ___

Total number of dependents: _____ Total number in household: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Cell Phone: _____ Other Phone: _____

How did you hear about Quota?

REFERRAL AGENCY AND/OR AGENCY REQUESTING FUNDS

Business Name _____

Business Contact Person _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Is this a Non-Profit Organization? **YES** or **NO** If **YES**, list 501(c)3# _____

REQUEST FOR FUNDS

Describe in detail what you are requesting funding for and include needs justification.

How will the funds benefit Central Oregon resident(s) who are the deaf, or those with a hearing or communication impairment?

FINANCIAL INFORMATION – AS APPLICABLE

Cost of requested product or service: _____

Can you provide a Quote/Invoice or any other documentation pertaining to the cost? **YES** or **NO**

If **NO**, please explain: _____

Who does the payment go to: _____

Where does the payment need to be sent: _____

What is the deadline for the funds in order to obtain the product/service? _____

Does the estimate include a professional discount? **YES** or **NO** If **YES**, how much: _____

Does the applicant qualify for benefits through the Oregon Health Plan (OHP) or Volunteers in Medicine (VIM)? **YES** or **NO**

If **YES**, please describe benefit: _____ and

How much? _____

Can you or are you prepared to pay a portion of the cost if needed? **YES** or **NO**

If **YES**, how much? _____ If **NO**, why not? _____

Does your health insurance provide any coverage towards the cost? **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 not? _____

COMMUNITY SERVICE / QUOTA:

Is applicant willing or able to volunteer for a community service project through Quota? **YES** or **NO** If **NO**, why not? _____

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 not? _____

Signature of Applicant/Requestor: _____

Date: _____

NOTE:

- *THE PROCESS FOR OBTAINING FUNDING APPROVAL TAKES 30-60 DAYS.*
- *APPROVED FUNDS ARE RELEASED ONLY TO THE PROVIDER COMPANY*
- *INCOMPLETE FORMS WILL DELAY YOUR APPLICATION OR MAY RESULT IN DENIAL*
- *TO SPEED UP PROCESSING, PLEASE ATTACH ANY DOCUMENTATION PERTAINING TO YOUR REQUEST OR ADDITIONAL INFORMATION ON A SEPARATE SHEET OF PAPER*

MAIL COMPLETED APPLICATION TO:

**QUOTA SERVICE COMMITTEE
PO BOX 1372
BEND, OR 97709**

Or **EMAIL** COMPLETED REQUEST TO:

Quotaofcoservice@gmail.com

Thank you!

QUOTA USE ONLY				
APP RECEIVED: _____	SERVICE MTG: _____ APPROVED / DECLINED OTHER: _____	BOARD MTG: _____ APPROVED / DECLINED	GENERAL MTG: _____ APPROVED / DECLINED	CHECK REQ CH# _____