

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:

IS A MEMBER OF YOUR GROUP WILLING OR ABLE TO VOLUNTEER FOR A COMMUNITY SERVICE PROJECT THROUGH QUOTA: **YES** or **NO**. IF NO, WHY NOT? _____

IF AWARDED A BENEFIT, CAN HE/SHE ATTEND A QUOTA MEETING TO OFFER A BRIEF TESTIMONIAL? **YES** or **NO**
IF NO WHY NOT? _____

IF AWARDED, WOULD YOU BE WILLING TO ISSUE A PRESS RELEASE IF REQUESTED? **YES** or **NO**.
IF NO, WHY NOT? _____

SUBMIT COMPLETED REQUEST TO:

QUOTA SERVICE COMMITTEE, PO BOX 1372, BEND, OR 97709
Or EMAIL TO: quotaofcoservice@gmail.com

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

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