



**QUOTA INTERNATIONAL OF CENTRAL OREGON
FUND REQUEST APPLICATION FORM**

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 underprivileged families/children and/or the deaf and hearing impaired in Central Oregon?

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# _____