

**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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**REFFERAL 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](mailto: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#\_* |