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

we change lives
QUOTA

Application for Requesting Funds from Quota Pre-qualification Form

How did you hear about Quota? _____

APPLICANT CONTACT INFORMATION (PRIVATE INDIVIDUAL) DATE: _____

NAME: _____ AGE: _____

PARENT OR GUARDIAN (IF APPLICABLE): _____

OCCUPATION: _____ GROSS ANNUAL INCOME: _____

ARE YOU WILLING TO PROVIDE FINANCIAL INFORMATION? **YES** or **NO**. If NO why? _____

MARITAL STATUS: SINGLE _____ MARRIED _____ SEPARATED_____ DIVORCED _____

TOTAL NUMBER OF DEPENDENTS: _____ TOTAL NUMBER IN HOUSEHOLD: _____

ADDRESS_____CITY_____STATE_____ZIP_____

E-MAIL_____CELL PHONE#_____ OTHER PHONE#_____

REFFERAL AGENCY AND/OR AGENCY REQUESTING FUNDS

BUSINESS NAME_____

BUSINESS CONTACT_____

ADDRESS_____CITY_____STATE_____ ZIP_____

EMAIL_____PHONE #_____FAX #_____

ARE YOU A NON-PROFIT ORGANIZATION? **YES** or **NO** 501(c)3# _____

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

_____

_____

_____

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

HOW WILL THE FUNDS BENEFIT UNDERPRIVILEDGED FAMILIES/CHILDREN AND/OR THE DEAF AND HARD OF HEARING COMMUNITY IN CENTRAL OREGON?

_____

_____

_____

FINANCIAL INFORMATION – AS APPLICABLE

COST OF THE REQUESTED PRODUCT OR SERVICE_____

PROVIDE A QUOTE/INVOICE OR ANY OTHER DOCUMENATION 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?_____

DOES THIS ESTIMATE INCLUDE A PROFESSIONAL DISCOUNT? **YES** or **NO** IF YES HOW MUCH_____

DOES THE APPLICANT QUALIFY FOR BENEFITS THROUGH THE OREGON HEALTH PLAN OR VIM **YES** or **NO**
IF YES PLEASE DESCRIBE _____AND HOW MUCH?_____

CAN YOU OR ARE YOU PREPARED TO PAY A PORTION OF THE COST IF NEED? **YES** or **NO.**
IF YES HOW MUCH?_____IF NO WHY?_____

DOES YOUR HEALTH INSURANCE PROVIDE ANY COVERAGE? **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?_____

COMMUNITY SERVICE / QUOTA:
IS APPLICANT WILLING OR ABLE TO VOLUNTEER FOR A COMMUNITY SERVICE PROJECT THROUGH QUOTA
YES or **NO.** IF NO WHY? _____

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? _____

PROCESS FOR SUBMITTING REQUESTS: *NOTE: THE PROCESS FOR OBTAINING FUNDING APPROVAL TAKES 30-60 DAYS.*
SUBMIT COMPLETED REQUEST TO: **QUOTA SERVICE COMMITTEE, PO BOX 1372, BEND OR 97709**
Or EMAIL TO: quotaofcoservice@gmail.com
NOTE: APPROVED FUNDS ARE RELEASED ONLY TO THE PROVIDER COMPANY.

QUOTA USE ONLY:	*APP RECEIVED:* _____	*SERVICE MEETING*_____ *APPROVE / DECLINED* *OTHER*_____	*BOARD MEETING:*_____ *APPROVE / DECLINE*	*GENERAL MEETING:*_____ *APPROVE / DECLINE*	*CHECK REQ* _____ *CH#*_____