**\*\*\*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

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

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

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***\*\*\*\*\*\*TO HELP YOUR REQUEST PLEASE ATTACH ANY DOCUMENATION 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 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?

**PROVIDE A COPY OF THE MOST RECENT TAX RETURN**

**COMMUNITY SERVICE / QUOTA:**

IF AWARDED A BENEFIT, A REPRESENTATIVE OF OUR GROUP : (PLEASE CHECK APPLICABLE BOXES BELOW)

WOULD BE INTERESTED IN VOLUNTEERING FOR A QUOTA COMMUNITY SERVICE PROJECT

ARE WILLING TO ATTEND A QUOTA MEETING TO OFFER A BRIEF TESTIMONIAL

GIVE QUOTA PERMISSION TO SHARE OUR LOGO/PHOTOS IN MARKETING AND/OR SOCIAL MEDIA

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

APPLICANT SIGNATURE DATE

**SUBMIT COMPLETED REQUEST TO:**

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

**Or EMAIL T****O: 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:**#*  |