

VANCOUVER WOMEN'S FOUNDATION
"Women Empowering Women"

FUNDING REQUEST APPLICATION

Please send two **typed** copies of this application and any attachments to **Vancouver Women's Foundation, 610 Esther St. Suite 201, Vancouver, WA 98660. Incomplete and/or handwritten applications will not be considered.** Inquiries should be made to **vwf98660@gmail.com**. Funding guidelines may be found at **www.vancouverwomensfnd.org**.

Contact Person:

Title:

Organization:

Address:

Phone:

Fax:

Email:

Length of time you have worked with this client (must be at least 30 days):

Amount Requested:

For:

(examples: rent payment, car repair, medical, PUD)

Client's full legal name and age:

Client's home address:

List the names, ages and genders of all persons living with client and the relationship of each person to the client:

List gross income of each adult (including the client) and minor living in the client's household. Include income from all sources and list the sources of all income (employment, TANF, food stamps, SSI/SSDI, child support, dependent child's SSDI/SSI, etc):

List amounts of client's monthly bills (rent, utilities, cell phone, car payment, credit card payments, child support, fines, insurance, etc):

List all agencies, churches and individuals currently providing financial assistance to this client's household and the amounts and purposes of that assistance:

Describe in detail the need and purpose of this request:

How and when would the funds be used?

What plan is in place to assure the client's future needs will be met? Be very specific in detailing the plan and include present and future employment status of client as well as any anticipated income from any source.

To what other sources (i.e. family members, friends, non-profit agencies, government programs, churches) has the client applied for funding? Include specific dates of contact and reasons for rejection.

If the client receives partial funding would the needs be met?

Note: If you are requesting rent and/or deposit assistance, submit a copy of the lease or intent to rent form. If you are requesting assistance with the purchase of dental care, car repairs, medical or dental appliances, etc; submit copies of at least two separate estimates. INCLUDE THE NAME, ADDRESS, AND PHONE NUMBER OF THE COMPANY OR PERSON TO WHOM THE GRANT CHECK SHOULD BE SENT.

Do not submit this form until you have reviewed **all** of the Foundation's Funding Guidelines. Your required signature below indicates that you have read and accept the VWF guidelines.

YOUR APPLICATION WILL NOT BE PROCESSED UNLESS ALL VITAL FINANCIAL INFORMATION, CONTACT NAMES AND ADDRESSES, AND ANY OTHER DOCUMENTS NEEDED TO MAKE AN INFORMED DECISION ARE ATTACHED. ONCE AGAIN, INCOMPLETE AND/OR HANDWRITTEN APPLICATIONS WILL NOT BE REVIEWED.

Signature of Person Completing Grant Application

____/____/____
Date