

Application for Community Closet Funding: Individual/Family

Please read preceding *Funding Guidelines*. We are not able to fund past due bills (such as rent, water, and power), deposits for housing or utilities, or any application from an individual requiring immediate assistance. If we provide funding, it is usually directly to the provider of services, not an individual.

Use this side of the application form only if you are applying as an individual or family. Organizations please see *Application for Community Closet Funding: Organization*.

Please return to 416 E. Park Street. Questions? Please call Caron at 222-6200

Date of Application: _____

Contact Information:

Your Name: _____

Address: _____

Phone Number: _____

Email Address: _____

If you are applying for someone else, please include his or her Contact Information below:

Name: _____

Address: _____

Phone Number: _____

Number of people in the household needing funds and ages:

What is the financial situation? How much money is needed and why?

If we need to verify this need, whom can we speak to For example, is there a physician or social worker in town we can contact?

I verify that the above information is correct.

Signature _____ Date _____

Application for Community Closet Funding: Organization

Applications from organizations are typically reviewed four times a year with the following deadlines: the last business day of March, the last business day of June, the last business day of September, and the last business day before Thanksgiving (November).

If this is an emergency or you are facing immediate need, please make sure that is noted at the top of the application.

Use this side of the application form only if you are applying as an organization. Individuals or Families, please see *Application for Community Closet Funding: Individual/Family*.

Please return to 416 E. Park Street. Questions? Please call Caron at 222-6200

Date of Application: _____

Contact Information:

Organization Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Contact Name: _____

Amount Requested: \$ _____

Project Completion Date: _____

Date Funds are Needed: _____

Approximate number of people served: _____

Attachments:

- Please attach a budget of how funds will be used
- Attach a description of your project, including how the project fits within Community Closet funding guidelines or how it benefits Park County.

If your organization is a non-profit or tax supported organization, please include your budget for the current fiscal year. For tax supported organizations, please just provide budget for your department.

I verify that the above information is correct.

Signature _____ Date _____