incourage
community foundation®

GRANT APPLICATION / NOMINATION FORM
Emergency Funding for Individuals & Families

Today's Date: _____ **Amount Requested:** _____ ***($500 maximum)***

Name of Referring Individual: _____

Name of Referring Organization, if applicable: _____

Mailing Address (Org. address, if applicable): _____

Cell Phone: _____ **Phone:** _____ **Email:** _____

NAME OF INDIVIDUAL OR FAMILY NOMINATED FOR ASSISTANCE:

_____

City/Town of Residence of Nominee(s): _____

If this funding request pertains to an INDIVIDUAL emergency, please indicate the nominee's AGE: _____

If the nominee is a minor, include the Parent/Guardian Contact Information below:

Parent/Guardian Name: _____

Parent/Guardian Phone: _____ **Email:** _____

Parent/Guardian Address: _____

City/Town of Residence: _____

Circumstance (or) Reason for the request: In a few sentences please describe the circumstances around this emergency that result in a financial need for this individual or family.

Due to grantmaking restrictions, a check is preferrably made payable to the Referring Organization, unless other instructions are given below.
(Please note: A W-9 must be on file with Incourage prior to any grant award. Any grant awarded to an individual or organization that does not have a tax exempt status may be responsible for applicable taxes to the IRS.)

Consideration will be given to a Referral Organization's knowledge of the nominee's circumstances and financial need, in addition to the Organization's professional recommendation. In the case of a Personal Referral, staff may request further verification of a nominee's circumstances and financial need through other sources.

Submit online, or return this application to the address, email, or fax listed in the footer.