



ANCORFoundation
INCLUSIVE COMMUNITIES FOR ALL

Application for Organizations Requesting Funds

Please use this form to report how your organization will use its funding from ANCOR Foundation CARES Fund.

Period Covered: _____

Organization Name: _____

Address: _____

Phone: _____

FAX: _____

Contact Person: _____

Member of ANCOR : _____yes _____no

Person Responsible for Distribution of Funds: _____

Organization Annual Budget \$ _____

Relief Fund Allocation: \$ _____ requested

Estimate Number to be Served

Number of Households to be Served: _____

Number of Individuals to be Served: _____

Number of Others to be Served (if any): _____

Estimate Use of Funds

Food/Food Supplies \$ _____

Prescription/Medical Supplies not covered by insurance

\$ _____

Rental/Mortgage payment

\$ _____

Utility Payments

\$ _____

Other

\$ _____

Stabilize Organizational Infrastructure: \$ _____

What cap did your organization place on funds per household?

\$ _____

Application for Organizations Requesting Funds pg 2

Describe Level of Need in your area: (You may attached a separate document)

Reimbursement for Expenses

Has your organization incurred any costs due to the affects of a natural disaster?

_____ Yes _____ No

If so, please attach a list of amounts and purpose of expenditure.

Has your organization received funds for this purpose by any other individuals, agencies, or organizations?

_____ Yes _____ No

If so, please attach a list of amounts and purpose of expenditure.

Anticipated Expenses

Does your organization anticipate expenses over the next year to address the affects of hurricanes, flooding, storms, or other natural disasters?

_____ Yes _____ No

If so, please attach a list of amounts and purpose of expenditure.

Has your organization sought funding for this purpose from any other individuals, agencies, or organizations?

_____ Yes _____ No

If so, please attach a list of amounts and purpose of expenditure

Displacement of individuals with disabilities

Has your organization served displaced individuals?

_____ Yes _____ No

If so, what specific activities have you done?

Please provide any additional information on the ways that ANCOR Foundation CARES Fund can help to revitalize your organization.