**Vernon Community Network**

**Community Chest – Request for Assistance**

*The Vernon Community Network, a volunteer community agency has access to limited funds through the Community Chest. These funds are designated for VCN members or a VCN partner agency that is sponsoring the party requesting assistance. Once the application is completed, the VCN Board will review and vote on whether the VCN is able to honor the request.*

***Date:***

|  |
| --- |
|  |

***Name of individual completing the application:***

|  |
| --- |
|  |

***Are you part of a sponsoring agency?***  Yes No (Highlight answer)

***If yes, what agency?***

|  |
| --- |
|  |

***Are you completing this on behalf of yourself?***  Yes No (Highlight answer)

***Contact information:***

***Individual or agency address:***

|  |
| --- |
|  |

***Individual or agency phone:***

|  |
| --- |
|  |

***Individual or agency email:***

|  |
| --- |
|  |

***Vernon Community Membership Involvement:***

***Are you a member of Vernon Community Network:*** Yes No (Highlight answer)

***Individual or Agency Membership:***

|  |
| --- |
|  |

***Do you attend Membership Meetings:*** Yes No (Highlight answer)

***Additional information that may be helpful:***

|  |
| --- |
|  |

***Description of Request:***

***What is the request of the Vernon Community Network?***

|  |
| --- |
|  |

***Do you have documentation of the stated requested amount?***  Yes No (Highlight answer)

***Please note other agencies that are involved in this request (i.e., partial assistance from another agency, denied requests, etc.)***

|  |
| --- |
|  |

***If this request is approved, please provide who the check should be made out to and the address where the funding should be directed:***

|  |
| --- |
|  |

***Signature of individual completing this form:***

|  |
| --- |
|  |

*For Vernon Community Network Use Only:*

|  |  |
| --- | --- |
| Date of Review: |  |
| Reviewed by: |  |
| Outcome: |  |