

Request for Assistance Form

To be submitted by a sponcer on behalf of an individual or family experiencing a financial crisis

Making A Difference Foundation provides a **one-time-only** financial assistance to individuals and families in crisis.

You may request up to \$1,500 to help with emergency needs that are not otherwise met through other agencies or organizations.

The grant will pay invoices on behalf of the family or individual; **we do not pay individuals or the sponsoring nonprofit.**

The Foundation seeks to assist individuals and families facing one-time emergencies. We do not pay for anticipated or reoccurring expenses such as monthly rent/mortgage/vehicle payments.

The Foundation is relying on your integrity to sponsor the applicant. We request that you interview the individual and confirm a) the authenticity of the need given their financial situation and b) the family or individual has been an El Dorado County resident for at least one year. Thereafter, please provide the following Attachments:

Attachment 1: Proof of residency such as a driver’s license AND a bill over one year old with an El Dorado County Address, etc.

Attachment 2: Invoice(s) requesting payment. Where appropriate, it is suggested that the family or individual get two estimates to ensure a reasonable payment request.

Send complete application and Attachments to: ken@makingadifferenceedc.org

Incomplete applications will not be considered.

Name of Individual(s) Needing Help: _____

Date: _____ Amount Requested: _____

*If requesting multiple invoice payments, include the exact amount per provider/vendor.

Sponsoring Organization: _____

Sponsor Contact Name: _____

Sponsor Email: _____

Sponsor Phone Number: _____

Has the Individual Applied for Assistance from this Fund Before (Y/N)? _____

Check the appropriate box(es) for other assistance the client has applied for:

- HEAP (Low-Income Home **Energy Assistance** Program), 530-621-6150
- CARE (CA Alternate Rates for **Energy**)
- FERA (Family **Electric** Rate Assistance)PG&E, 866-743-2273
- REACH (Relief for **Energy Assistance** through Community Help), 800-933-9677
- Helping Hands (El Dorado Irrigation District **Water** Assistance), 530-642-4000
- Green Valley Community Church **Auto** Ministry, 530-622-3231
- CALFresh (**Food Stamps**), 530-642-7300
- OTHER – Explain

1. Briefly describe the crisis that created the situation.

2. What is the individual's financial background and likelihood of future sustainability?

- Number of adults in household: _____
- Number of children in household: _____

3. For what will the funds be used? Please remember to attach invoices.

4. What has already been done to address the funding emergency?

Personal Financial Information Form

Individual's Name: _____

Because you are requesting financial assistance, we need a general idea of your income, expenses, and sustainability.

INCOME/ASSISTANCE

Salary/Wages	\$
Social Security	\$
CalFresh (Food Stamps)	\$
General Assistance/Cash Aid	\$
Unemployment	\$
WIC	\$
Child Support	\$
Other:	\$
Total	\$

EXPENSES

PGE \$ -	Food \$ -
Propane \$ -	Garbage \$ -
Rent \$ -	Sewer/Water\$
Cell Phone \$ -	Car Insurance \$
Cable/Satellite \$ -	Car Payment \$
Health Insurance \$ -	Gas for Car \$ -
Credit Cards \$ -	Other (please specify) -
Total- \$	

INTERNAL

NAME:	VENDORS & AMOUNT:
DATE:	
APPL#:	

Attachment 1 – Proof of Residency

Attachment 2 – Invoice(s) Requesting to be Paid