

EMERGENCY FUND REQUEST FORM

Agency Name:	Date:
Describe Nature of Request:	
Financial Information: Total Cost of Project: \$ _____ Amount Contributed by Agency \$ _____ or Other Sources (Source: _____) \$ _____ Amount Requested of United Way: \$ _____ Amount of Annual Property Maintenance Fund of Agency: \$ _____ Current Balance of Agency Property Fund: \$ _____ Amount of Agency Cash Reserves: \$ _____	
Resource Alternatives: Will agency's insurance help cover cost? Yes ____ No ____ N/A ____ Have you sought other funding assistance? Yes ____ No ____ N/A ____ If "yes," please explain status of funding request:	
Please attach copies of all bids and estimates related to cost of project.	
_____ Signature and Title	_____ Date