



Fundraising Grant Application

Individual who will benefit from this request: _____

Support Coordinator: _____

Check all that apply: NH Health Families Wellsense Other Insurance

Name of person applying: _____ Date: _____

Has fundraising grant money been awarded within this fiscal year? Yes No

If approved, make check payable to: _____

Address of payee: _____

Email Address: _____

If approved, to whom should we direct the FR Grant Approval letter? _____

Address (only if different from above): _____

Please briefly describe what this funding will enable you or individual to accomplish:

This request will assist with the following: (check appropriate category)

___ Adaptive/Assistive Technology

___ Therapeutic Services

___ Training & Education

___ Environmental Modification

___ Social/Recreational & Leisure Activities

___ Other, please specify _____

Total cost of project/activity: \$ _____

Total amount requested from FR Comm.: \$ _____

Please list all financial contributors or indicate not applicable (N/A): **Check One**

___ Parent/Individual/RepPayee \$ _____ Approved/Denied/Pending

___ Service Coordinator Discretionary \$ _____ Approved/Denied/Pending

___ Community Crossroad's Family Support \$ _____ Approved/Denied/Pending

___ Home Modification Committee \$ _____ Approved/Denied/Pending

Other (please list): _____ \$ _____ Approved/Denied/Pending

Signature of Applicant

Date

Phone Number

Support Coordinator Signature

Date



Fundraising Grant Application

Grant Approval Form

Applicant Name:_____ **Quarter:**_____

Amount Approved: \$_____

Reason for denial:

Interim approval contingent upon:

Reviewed by the Fundraising Grant Sub-Committee:

Melissa Durant

Tammy Dudal

Jennifer Bertrand

Beatrice Vargas

Linda Leahy

Aleece Pappas



Fundraising Grants Guidelines

The Fundraising Grant Committee meets bi-monthly and is comprised of Community Crossroad's employees and volunteers who help raise dollars to fund these requests.

Please be sure the application is complete and all supplemental information pertaining to the request is attached so that your grant request can be considered for review. Please make every effort to submit applications a minimum of a week in advance to our committee meetings. See meeting dates listed below.

Also if you are an individual and/or family member please be sure your service coordinator has received the application prior to submitting to the FR Grant committee. For additional information please contact your service coordinator.

With your fundraising request we also ask you to please:

1. **Indicate all financial contributors/methods of funding sources**, i.e. Family Support & Service Coordination funds, Parent/Individual resources (any amount they are able to contribute and if they cannot please note it on the application), etc.
2. **Include any and all supporting documentation** that would be helpful for the committee in reviewing your request.

Fundraising monies are raised through volunteer efforts from the following events:

- Community Crossroads Golf Tournament
- Community Crossroads Silent Auction
- Community Crossroads Kids Carnival

Although more than one request is allowed per fiscal year (July 1st –June 30th) priority will be given to those who have not yet received funding. The committee may approve all, part or none of your request, depending on the individual circumstances and available funding.

Fiscal Year 2020 FR Grant Committee Meeting Dates: August 1, 2019, Oct 3, 2019, Dec 5, 2019, February 6, 2020, April 2, 2020, & June 4, 2020