



Date:	Name:
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Address:

Home/Cell Phone:	Work Phone:
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Current Position:	Salary/hourly rate:
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Amount Requested: \$	Please check one <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time
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Please answer the following questions completely. All information given will be confidential. (If additional space is needed, use a blank sheet and attach to the application)

1. What is the purpose of this grant? Describe the circumstances that led to the emergency.

2. How will the grant be spent? Please be specific.

3. When do you need the grant?

4. Have you ever applied for a grant from this program before? If so, when and what was the result?

5. If the grant is not awarded, what are the alternatives to meet the emergency? Please describe.

6. Have you sought assistance (financial or otherwise) through any other agencies, such as the Ohio Benefits Bank, the Employee Assistance Program, etc.? Please describe.

Please attach copies of the following, where applicable:

- Specific bills for which you are requesting funds
- Any other supporting documentation that you deem relevant to this request

I certify that the information provided in this grant application is true and correct to the best of my knowledge. Any intentional misrepresentation of information contained in this application will result in forfeiting this and any future grant application. Any falsification of this or other documentation pertaining to this program will result in disciplinary action up to and including termination. I authorize the Committee administering this program to verify my employment.

Signature:

Date:

For Committee Use Only

Grant Approval:

- Yes
- No

Reason:

Amount Approved: \$

Make Check Payable To: