

**Senior Ark Grant Fund**

All applications will remain confidential between the parties named herein. The Foundation will notify you within 72 hours upon receipt of this complete application form. The spirit of this fund is to support episodic, and often times, emergency needs of people 65 and older who reside in Carbon County. The fund cannot assist with medical expenses or reimburse events/projects that already occurred. Funding varies by the amount available at the time of application.

**Application for Funding**

Name of Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_ Must be 65 or older; or list extenuating circumstances here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Please check one circle:**  Is the household income below the income guidelines?  **O** **Yes O** NO  Is the household going through change or crisis (divorce, death, health issues, job loss, other)  **O** Yes **O** No  Are you disabled**? O** Yes **O** No |

|  |  |
| --- | --- |
| **Persons in**  **Family/household** | **Household**  **Income** |
| 1 | $11,670 |
| 2 | $15,730 |
| 3 | $19,790 |
| 4 | $23,850 |
| 5 | $27,910 |
| 6 | $31,970 |
| 7 | $36,030 |
| 8 | $40,090 |

Which category best describes the need? (Check one)

**O** Interior Home Improvement **O** Exterior Home Improvement **O** Transportation **O** Social

Describe the service or project needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If the project is a home improvement, do you: **O** Rent **O** Own? (Check one)

Have you researched/contacted service providers to determine cost? Yes or No

If yes, please list the name(s) of the Service Provider(s) and the estimate:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**O** Check here if you need assistance to determine who to obtain services form. A list of potential service providers can be provided.

Is the service or project an emergency: **O** Yes **O** No (Check one)

What is your plan for obtaining the total amount of funding needed to proceed?

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**Service Providers Information**

All grants awards are made payable directly to the provider, upon completion of services.

Name of Service Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Name:**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Foundation Only:**

Date Application received (to be completed by the Foundation) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

