Shasta Regional
COMMUNITY FOUNDATION

Community Disaster Relief Fund – Carr Fire

Organizational Request for Assistance

Name of Organization/District: _____

Contact Person: _____

Phone Number/Email Address: _____

501(c)(3) Number: _____

1. Please detail the number of people you hope to serve and the population(s) you intend to assist:

2. Please list and briefly describe the services you plan to provide to those impacted by the fire:

3. Please explain how you will utilize case management or thorough vetting practices to ensure those receiving assistance are indeed survivors.

4. Please provide a list of services or items requested and a budget amount for each:

Item/Service	Amount Estimated
	$
	$
	$
	$
	$
	$
TOTAL	**$**

Once this form is completed, please return it to Amanda Hutchings at Shasta Regional Community Foundation by email amanda@shastarcf.org . Should you have any questions, feel free to call the office at 530-244-1219.