

Community Emergency Grant



Referrer Contact Information

Name: _____

Phone Number: _____

Email Address: _____

Applicant Information

Recipient Name(s): _____

Individual Family

Referrer Relationship to Recipient: _____

Length of Relationship: _____

Funding Amount Requested (Cannot exceed \$1,000): _____

Details of Funding Request (Provide as much information as possible)

Community Emergency Grant



Referral letter on official letterhead attached.

Disclaimer:

As the referring party, you are consenting to being contacted by a representative of the e4c Community Emergency Grant fund to gather additional information regarding your submission, and to verify the integrity of information provided above.

Self-referrals or referrals by family members are prohibited and will not be considered.

Submissions do not guarantee approval.

Approvals are completed within 2 business days.