

Date Needed By: _____	Total Amount Needed:	\$ _____
	Personal Contribution:	\$ _____
	ARK Advocates Amount Requested:	\$ _____
	Alternative Funding Available:	\$ _____

Please attach any other information you think necessary to evaluate the request.

I understand that the financial assistance monies granted to me by ARK Advocates are to be used solely for the above stated purpose. Verification of monies spent (receipts, bills paid, etc.) **must be sent** to ARK Advocates no later than 30 days post event.

Signature Date

*******For Office Use Only*******

Date Received: _____ Date Presented to Committee: _____

Direct Service Committee Decision: _____

Amount Approved: _____ Date Approved by Committee: _____

Date Notified Applicant: _____ Check #: _____

Committee Member Signature: _____ Date: _____