



## Women's Giving Circle Request for Assistance

The **Women's Giving Circle** of the Yampa Valley Community Foundation is seeking proposals on an ongoing basis for their year-round granting.

*Before submitting a proposal, YVCF encourages agency case workers to contact YVCF to discuss the individual or family's circumstances or needs. Email Camille Sachs at [camille@yvcf.org](mailto:camille@yvcf.org) or call her at 970-439-0018.*

### Guidelines for funding requests:

- Proposal must provide immediate help to an individual or family in Routt or Moffat County. Funding is for Yampa Valley community members who have lived in the valley for at least one year and intend to stay in the valley, except in specific, extreme circumstances. **Clients must remain anonymous** – do not include client names and redact all names and identifying information from proposals.
- The request should be a one-time, finite expense that addresses an urgent but not chronic need.
- Funding is provided based on financial need. Please describe the client's situation that has led them to be in crisis, including general information about their financial circumstances.
- Proposals will be accepted and reviewed on an ongoing basis, year-round.
- Proposals must be submitted by a representative of an agency or church that is currently assisting the client (grant funds will be disbursed to the sponsoring agency).
- All proposals should include a specific dollar amount no more than \$3,000.
- All proposals for housing assistance must complete the supplemental housing application and meet the following criteria:
  - A client can only apply for housing assistance once;
  - Must present extenuating circumstance indicating need for emergency assistance (not ongoing need)
- Not of interest to the Giving Circle: **requests for organizational general support, purchase of car/vehicle, payoff of past medical debt, or legal bill assistance.** For needs arising from a **medical event**, please contact Camille at YVCF to discuss specifics.
- Please submit the request for assistance (below) in a **.pdf format** to [camille@yvcf.org](mailto:camille@yvcf.org). [Click here for a free online PDF file converter](#). Before submitting a proposal, YVCF encourages agency case workers to contact YVCF to discuss the individual or family's circumstances or needs.

Camille Sachs, YVCF Grantmaking Manager: [camille@yvcf.org](mailto:camille@yvcf.org); 970-439-0018

*Submit completed proposal to [camille@yvcf.org](mailto:camille@yvcf.org)*



### Women's Giving Circle Request for Assistance

Date: \_\_\_\_\_ Agency: \_\_\_\_\_

Name of person submitting proposal: \_\_\_\_\_

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

Total Amount of Financial Need: \_\_\_\_\_

Funded through other Sources: \_\_\_\_\_

Amount requested from Giving Circle (up to \$3,000): \_\_\_\_\_

Describe the circumstances and financial need of your client, how this is a one-time need that will be resolved and not recurring, and details about how the funding will be spent (make sure to explain who the end recipient(s) of the funds would be **and note that reimbursements or payments directly to clients or other individuals are not allowed**). Please provide information about the client's overall circumstances which help explain how this situation is a one-time crisis, and how the funding will ensure the issue is resolved and not ongoing:

Has this client or their immediate family received funding from this giving circle in the past?

\_\_\_\_\_ (yes/no)

If so, please explain.

Submit completed proposal to [camille@yvcf.org](mailto:camille@yvcf.org)



Have you contacted the service provider/vendor to inquire about a discount? Please explain.

Would partial funding be beneficial to your client or is full funding needed? Please explain.

Have all other potential funding sources been pursued/exhausted for this request? Please explain.

*Submit completed proposal to [camille@yvcf.org](mailto:camille@yvcf.org)*



**Women's Giving Circle Request for Assistance – Housing Assistance Supplement**

*(only complete if applying for housing assistance)*

Does your nonprofit offer housing assistance as part of your normal programming? \_\_\_\_\_

Has the client received housing assistance from other resources in the community? \_\_\_\_\_

If yes, from what organization(s)? \_\_\_\_\_

What is the monthly rent amount? \_\_\_\_\_

What are the additional costs requested (i.e. utilities) if any? \_\_\_\_\_

Are there any other parties named on the lease/mortgage? \_\_\_\_\_

If so, how are they contributing to the monthly payment?

List any other residents living in the premises and their ages. If other residents are of working age, explain if they are contributing to rent/mortgage payments.

**Please contact the landlord of the property directly (or review mortgage details) to verify the following information:**

How long has the client leased or had a mortgage at this address? \_\_\_\_\_

What is the term of the current lease/mortgage? \_\_\_\_\_

Is the client in good standing with landlord/lender other than the current situation? \_\_\_\_\_

If no, provide details:

(Renters) Would landlord be willing to offer a discount or special consideration given the client's circumstances? \_\_\_\_\_

Please explain:

Is the client at risk of being evicted/foreclosed? \_\_\_\_\_

If yes, provide details:

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