



Central Chesapeake Region

Family Fund Application

DUE DATE: April 30, 2019

Funding must be spent by June 30, 2019

Applicant Information

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email Address: _____

Date of Birth: _____

Parent/Guardian Information

Name: _____

Relationship to Grantee: _____

Email Address: _____

Phone: _____

Are you a member of The Arc Central Chesapeake Region? Yes_____ No_____

Membership is not required to apply but preference will be given to Arc CCR members

[Click here](http://www.thearcCCR.org) to become a member or visit our website: www.thearcCCR.org

1) Please describe your family member's disability.

2) Describe how the requested assistance will benefit your family.

3) What additional information can you share with to assist in evaluating this grant request and allocate funding to your family?

4) Please list below what service(s) you are requesting funding for.

TOTAL AMOUNT REQUESTED \$ _____

Type of Service	Cost	Amount You Can Contribute	Benefit of Service	Service Provider	Contact Information for Service Provider

5) Have you been awarded assistance through any other source this fiscal year (July 1, 2018-June 30, 2019)? If yes, please list the items requested and amounts received.

6) If awarded funding, are you willing to be contacted by our staff to talk with them how these funds benefited your family?

Questions?

Contact Linda Prochaska, Family Engagement & Navigation Coordinator
410-770-2327 or familyfund@thearcctr.org

OFFICE USE ONLY

Date received: ____/____/____
Amount approved: ____/____/____
Date notified: ____/____/____
Approved by: _____