



CHARITABLE CONTRIBUTION REQUEST APPLICATION

Please complete all sections. Submission of this application does not guarantee approval. All requests are subject to Board review and availability of funds.

SECTION 1 – APPLICANT INFORMATION

Applicant Name (Individual or Organization): _____

Contact Person (if organization): _____

Mailing Address: _____

City / State / ZIP: _____

Phone Number: _____

Email Address: _____

- Individual
 - Nonprofit Organization
 - Community Agency
 - Other (please explain): _____
- _____

If organization:

501(c)(3) Status? Yes No EIN: _____

SECTION 2 – REQUEST DETAILS

Amount Requested: \$ _____

Intended Use of Funds (check all that apply):

- Housing stabilization assistance
- Emergency housing or displacement support
- Safety or habitability repairs
- Temporary housing assistance
- Disaster or hardship-related housing relief
- Other charitable housing-related need (describe below)

Brief Description of Need (required): _____

SECTION 3 – CHARITABLE PURPOSE & IMPACT

1. Describe how this request addresses housing stability, safety, or community wellbeing: _____

2. Who will benefit from this assistance?

- Individual or family
- Seniors
- Children
- People with disabilities
- Other vulnerable population (describe): _____

3. Geographic Area Served:

- Peoria Area
- Central Illinois
- Other (explain): _____

SECTION 4 – FINANCIAL INFORMATION

Total Cost of the Need or Project: \$ _____

Other Funding Sources (if any):

- None
- Personal funds
- Other nonprofit assistance
- Government assistance
- Other (explain): _____

Has assistance already been received for this need? Yes No

If yes, please explain: _____

SECTION 5 – TIMING & URGENCY

Is this an emergency request? Yes No

If yes, explain the urgency and timeframe: _____

Funds Needed By (date): _____

SECTION 6 – CERTIFICATIONS & ACKNOWLEDGMENTS

By signing below, the Applicant certifies that:

- The information provided in this application is true and accurate to the best of their knowledge.
- Any funds awarded will be used solely for charitable purposes consistent with the mission of PAAR Cares Foundation.
- Funds will not be used for political, lobbying, or personal benefit purposes.
- The Applicant agrees to provide documentation or verification upon request.
- The Applicant understands that all grants are subject to Board approval and availability of funds.

SECTION 7 – SIGNATURE

Applicant Signature: _____

Printed Name: _____

Date: _____

FOR PAAR CARES FOUNDATION USE ONLY

Date Application Received: _____

Reviewed By: _____

Approved

Approved with Conditions: _____

Denied

Deferred

Amount Approved: \$ _____

Board Approval Date: _____

Notes / Conditions: _____

Authorized Signature: _____

Title: _____

Date: _____