



# Greater Manhattan Community Foundation

## Community Disaster Recovery Fund – 2018 Manhattan Flood

Non-Profit Request for Assistance

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Organizational Status:  501(c)(3) – ein number \_\_\_\_\_  Other – ein number \_\_\_\_\_

Community Response Area: (Please select the primary outcome that your program/service delivers.)

Mental Health/Counseling

Medical/Health

Education/Training

Community Awareness Recovery Resources

Equipment/Technology

Basic Needs (food, shelter, utilities)

Other: \_\_\_\_\_

Please detail the number of people you hope to serve and the population(s) you intend to assist:

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Please list and briefly describe the services you plan to provide to those impacted, timeline of activities, etc.:

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Program Budget associated with request:

<b>Item/Service:</b>	<b>Amount Estimated:</b>
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>TOTAL</b>	\$

### Authorized Signatures

By signing I understand that this is a formal request for funding for delivery of service related to immediate or recovery response of \_\_\_\_\_ . It is understood that submission does not guarantee funding.

Signatures:

\_\_\_\_\_  
Executive Director or Authorized Representative of Organization

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board President or Other Authorized Officer

\_\_\_\_\_  
Date