

LOGAN COUNTY FAMILY & CHILDREN FIRST COUNCIL
FUNDING REQUEST FORM

Date of Request: _____

Child/Youth Name: _____ Age: _____

Address: _____ Phone: _____

Parent name: _____

Request Submitted By: _____ Agency: _____

Address: _____ Phone: _____

Description of Request (dates, times, etc.)

How does this request relate to the team/family plan? (Justification of need)

What other community resources have been explored for this request; and,
If request is for rent or utility assistance, describe how expenses will be maintained next month.

Estimated cost of Service: \$ _____

Vendor Payment/Purchase Information (make check payable to:)

Name: _____

Address: _____

Phone Number: _____

An invoice confirming the amount needed is required in order for the request to be considered.

FCFC Use Only

Funds to be utilized: LCAP FCSS Part C UW Other:

Payment Processing Info: Requisition No. _____ Initials: _____ Date: _____

Date of Triage Review: _____ Outcome: Approved Denied

WA Coordinator Signature: _____ Date _____

FCFC Director Signature: _____ Date _____

Facilitator Notified on date: _____ type of communication: _____ Initials: _____