



# Community Foundation of Amador County

## Community Disaster Relief Fund

### Non-Profit/District Request for Assistance

Name of Organization/District: \_\_\_\_\_

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

Phone Number/Email Address: \_\_\_\_\_

501(c)(3) Number: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please list and briefly describe the services you plan to provide to those impacted by the fire:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please provide a list of services or items requested and a budget amount for each:

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

Once this form is completed, please return it to Amador Community Foundation by email [acf@amadorcommunityfoundation.org](mailto:acf@amadorcommunityfoundation.org) or by delivering to Amador Community Foundation, 148 Main Street, Jackson, CA 95642. Should you have any questions, feel free to call the office at 209-223-2148.