



Friends Foundation Funding Request

The Friends Foundation is a 501(c)(3) non-profit established in 1995 to ensure appropriate financial resources exist to protect and expand the opportunities available to individuals served by The Arc Allegany-Steuben who reside in Allegany County, NY. The Foundation raises and awards funds to individuals who have special needs in the areas of education, recreation, community inclusion and self-support.

Please complete the following questions and return the completed form with supporting documentation (i.e. price quotes, receipts, denials from Medicaid/Medicare, etc.) to the Development Department (50 Farnum Street, Wellsville, NY 14895 or email carrie.redman@alleganyarc.org). The Friends Foundation Board of Directors meets quarterly. You will be notified of your application receipt and the date on which the foundation will be voting.

1. **Summary:** One-line summary of the item/service to be purchased:

2. **Who will it benefit:** Please list specific consumer/group name(s):

3. **Deadline** (optional): Day Month Year. This may not be applicable in all cases.

4. **Priority:** Urgent, High, Medium or Low (select one)

5. **Amount requested:** This must be in U.S. dollars.

6. **Problem:** Describe the problem this funding would solve.

7. **Solution:** Describe the solution for the problem. Also justify why this solution is the best solution and which alternative solutions have been considered.

8. **Justification:** Provide any available information to show that your requested funding will be sufficient for your problem.

9. **Itemized expense list:**

	Money	Item

1.	_____	_____
2.	_____	_____
3.	_____	_____

10. **Supporting information:** Put any additional relevant things here. If this is an online purchase, put the URL of the product.

11. **Funding:** Please list other funding sources contacted (if any):

Contact Person: _____

Phone: _____

Address: _____

Email: _____

Date: _____



Do not write below this line. Friends' Foundation use only.

Date received in Development Department: _____ Initial: _____

Date of next Friends Board Meeting: _____

Was the request approved or denied? _____