

ELMHURST CHILDREN'S ASSISTANCE FOUNDATION (ECAAF)

Organization Request Form

Name of Organization: _____ Website: _____

Organization's Address: _____

Contact Person: _____ Phone: _____

Contact Email: _____ Amount Requested: _____

ECAAF Reference: _____ 501(c)3 status: Yes No

Who will benefit from this money? _____

What % of your target population is local (Elmhurst)? _____

What are the other sources of funding for your organization? _____

How long has your organization been in existence? _____

How will the use of these funds fit ECAAF's mission? _____

ECAAF's goal is to assist families who have a connection to, or reside in our community, where a child's life is impacted by a serious medical or disabling condition.

How exactly will the money be used? If several things, list each and the amount to be spent for each: _____

What are the specific results your organization hopes to achieve with these funds?

How will your organization recognize/advertise ECAAF if funds are approved:

Name/Title of person completing form: _____

Date of request: _____ Date funds needed: _____