

Quota International

of Central Oregon



Application for Requesting Funds from Quota
Pre-qualification Form

APPLICANT CONTACT INFORMATION:

Name _____ Age _____
Parent or Guardian (if applicable) _____
Occupation _____ Annual Household Income _____
Address _____ E-mail: _____
City _____ State _____ Zip _____
Phone _____ (day) _____ (evening)

REFERRAL AGENCY:

Business Name _____
Contact Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ E-mail _____

Description of services requested (please include needs justification, attach a separate sheet if necessary):

FINANCIAL INFORMATION:

Estimated cost for the above products or services: _____
Does this estimate include a professional discount? _____ If so, how much? _____
Does the applicant qualify for benefits through the Oregon Health Plan or VIM? _____
Has applicant requested donations or funding from any other organizations? _____
If so, from which organizations: _____

Community Service / Quota:

Is applicant willing or able to volunteer for a community service project through Quota? _____
If the applicant is awarded a benefit, can he/she attend a Quota meeting to offer a brief testimonial? _____

Process for submitting request:

Submit completed request to: Quota Service Committee, PO Box 1372, Bend, OR 97709
Note: Approved funds are released only to the provider company. Please include name and address if different from above referral agency. The process for obtaining funding approval takes 30-60 days.

Submitted by: _____ (signature) _____ (printed name)

Date submitted: _____ Date Funds needed by: _____