



HUB Grant Request Form

Date of Request:

Agency Making Request:

Agency Contact Email:

Head of Household:

Agency Contact Name:

Agency Contact Phone Number:

Household Demographics, Please Respond of Head of Household Only:

Age: _____ **Sex (please select):** M F Other

Ethnicity: _____

City or Town where Household lives:

Number of adults (18+) in HH:

Number of children in HH:

Requested Amount (not to exceed \$200 per household): _____

Reason for Request:

- Housing (including, hotel, storage, etc.)
- Utility Assistance (Fuel, electric, etc.)
- Medical Needs (including, prescriptions needs not covered)
- Food insecurity (in the form of grocery gift cards)
- Transportation
- Technology (including, cell phone, computers, internet)
- Car Repairs
- Other, please explain: _____

Brief Description of Situation and Current Support:

Has client or another household member received support from this fund previously, select one:

No Yes Maybe Unknown

Please Ensure the Following are attached with request Form:

- Completed W9 for vendor/landlord/business
- Invoice or Statement from vendor/landlord/business

Make Check Payable to (must be direct to vendor/landlord/business):

Mailing Address for Check:

Deidentified Impact Story about an Individual or Family Served:

RETURN FORMS TO: smlacount@scshelps.org OR bdaniels@scshelps.org