



Friends Foundation Funding Request

Friends of Allegany Arc was established in 1995 to ensure appropriate financial resources exist to protect and expand the opportunities available to individuals served by Allegany Arc. The Friends Board donates needed monies to individuals in order to promote and improve services for all people with intellectual and developmental disabilities.

Please complete the following questions and return the completed form with supporting documentation (i.e. price quotes following Allegany Arc purchasing policy and procedure, denials from Medicaid/Medicare) to the Director of Administrative Services (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: _____

Department: _____

Email: _____

Date: _____

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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? _____