

AYP EMERGENCY ASSISTANCE FUND GRANT APPLICATION
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IMPORTANT NOTE: Region Chair to review and sign prior to forward to:
AYP Executive Office at 12 Broad St, Ste. 2-1, Westerly, RI 02891 FAX: 401-604-0036
or EMAIL: ddunn@aypymca.org

PLEASE FILL OUT DETAILS; EACH AREA WILL EXPAND USING WORD TO EMAIL THIS.

1. GRANT REQUEST FOR: _____ AYP Member # _____ AYP Chapter _____
2. AMOUNT OF GRANT REQUEST: ____.
3. Describe efforts by employing YMCA and/or others to assist applicant during this emergency.

4. Has the applicant exhausted significant portions of personal assets to meet this emergency?
Yes No

Please Describe:

5. If the EAF grant is not awarded to the applicant, what alternatives are available?

6. To the best of your knowledge how will the EAF grant be spent?

7. Other comments that will be helpful to the Support Services Committee in review of this grant application.

After reviewing all particulars, what recommendation do you make to the committee?

Approve Do Not Approve I Have No Recommendation

REGION CHAIR'S SIGNATURE _____

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Date of request:

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GRANT REQUESTED FOR:

Name _____ Current AYP member# _____ Chap# _____
YMCA _____ NAFYR Member _____
Position _____ NAFYR Chapter _____

YMCA Mailing Address:

JUSTIFICATION OF NEED:

Why the grant should be approved, attach any appropriate documentation.

GRANT INFORMATION:

Amount requested: _____

INITIAL REQUEST MADE BY:

Name: _____

YMCA: _

Tele: home cell email:

Mailing address:

IF APPROVED, GRANT
SHOULD BE MAILED TO:

Grantee _____

Initial Requestor _____

AYP office use: Grant approved date: _____ Grant number: _____