



**Pagosa Community Initiative
Request for funds allocated toward family stabilization**

PCI Funding Process and Procedures:

Residents can be referred by community agencies or self-refer by filling out the application. The application will be then screened by the Executive Director of PCI. If the request is under \$300, the decision will be made by the Director, if it is over \$300 it will be screened by the PCI Financial Committee. If the application meets guidelines and is deemed to be complete and appropriate, the applicant will be called to conduct a phone interview regarding the request by the Executive Director or the Family Services Director. The decision will be made after the interview by either the Executive Director or the Financial Committee- a phone interview will be necessary to make the final decision. The applicant will be notified as soon as possible regarding the decision.

Payments are made directly to a service provider/vendor or will be released in the form of a gift card if applicable. No cash or check payments will be made to the applicant.

Should funds be applied inappropriately in any way families will lose the opportunity for future requests permanently and for life.

Items for possible consideration (you must provide documentation of all requests, eg. invoices or statements) :

- Rent or Mortgage Assistance- Attach a statement, phone number of landlord or mortgage company, any financial notices made
- Utility Assistance- you must provide proof of application to LEAP prior to this application, attach any notices and a statement
- Vehicle Payment or Insurance- Attach payment stub or insurance bill
- Vehicle Repair- Get into Contact with Natalie Tom at CTs Automotive for quotes and service plan. We will not move forward with repairs until the vehicle is assessed and a plan is in place. If you choose to not use CT Automotive, you need to attach a quote from the garage of your choice. Vehicle repair must go through the vendor, we will not accept nor pay requests for repairs done by a friend or family member.
- Medical or Dental- Attach your medical or dental bill from the physician or service provider

Other needs may be considered on a case-by-case basis

Name of Group, Organization, or Individual applying for funding:

Email:

Phone:

Address:

Has the family signed a release of information (Other Organization Only)? If yes, please attach to this application

- Yes
- No

If you have not signed a release of information as an Individual applicant, that must take place prior to application being considered.

Does the family consent to the Family Services Director contacting local agencies or vested organizations to determine the possibility of braiding funding?

- Yes
- No

Is there a service plan in place, either through Collaborative Management, Pagosa Community Initiative, or another organization?

- If yes, please attach to this application
- If no, is the youth/family open to working with either the organization applying for funding or the Family Services Director for PCI to determine a service plan that fits their goals and needs?

Is the family or youth enrolled in Medicaid?

- Yes
- No

Race/Ethnicity of family being served.

- White/Caucasian
- Hispanic or Latino
- American or Alaskan Native
- African American
- other: _____

Briefly describe how funds will be utilized:

Vendor Information to be Paid For Example Selph's Propane, LPEA, Etc. (Include name, address, phone number, contact person, account number and copy of any statements or notices):

Date funds are needed:

List other avenues of funding that have been explored, dates these avenues were explored, and why these funds are not available. If other avenues have not been explored, please explain why:

Briefly describe the sustainability plan for youth/family to ensure funds will not be needed for a similar situation in the future:

Amount of funds requested: \$

Print name and title of the person requesting funds

Signature and title of the person requisitions funds

Print Date