



# CEO Helping Fund Request Form

Program Requesting Funds: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone & Ext: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ When funds are need by: \_\_\_\_\_

Reason for request: \_\_\_\_\_

Emergency Request?:  YES  NO

Please provide a detailed reason / explanation for your request:

---

---

---

---

After ALL required signatures have been completed, please submit to:  
**Nancy Uber, Executive Assistant**  
Checks will be issued to vendors / institutions, NOT to individuals.

Program/Center Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Division Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Review: \_\_\_\_\_ Amount Awarded: \_\_\_\_\_  
Decision: \_\_\_\_\_  
Recommendations: \_\_\_\_\_  
Executive Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(or Designee)*

<b>FOR FISCAL USE ONLY</b>	Check # / Date: _____
Vendor Name: _____	Contact Name: _____
Address: _____	Phone: _____
City: _____ State: _____	Zip Code: _____