

REDWOOD COAST DEVELOPMENTAL SERVICES CORPORATION  
CLIENT BENEFIT FUND (CBF)

**GRANT REQUEST FORM**

1. Date of request \_\_\_\_\_ 2. Date needed \_\_\_\_\_ 3. Amount requested \$ \_\_\_\_\_

4. Client name \_\_\_\_\_ Address \_\_\_\_\_

Date of birth \_\_\_ / \_\_\_ / \_\_\_ \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

County in which client lives \_\_\_\_\_

5. Requesting party: Client \_\_\_\_\_ Parent \_\_\_\_\_ Conservator \_\_\_\_\_ Other \_\_\_\_\_

6. Item(s) requested \_\_\_\_\_  
Approximate cost \_\_\_\_\_

7. Reasons for request (explain in detail) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. How will this request benefit the client? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Other resources, including family resources, explored to pay for this request – dates and outcomes:

a. \_\_\_\_\_  
\_\_\_\_\_

b. \_\_\_\_\_  
\_\_\_\_\_

c. \_\_\_\_\_  
\_\_\_\_\_

d. Other: \_\_\_\_\_  
\_\_\_\_\_

10. I authorize RCRC to release information to the CBF Committee regarding this request:

Print \_\_\_\_\_ Signature \_\_\_\_\_

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**REMINDER: The deadlines each year - February 28<sup>th</sup> and June 30<sup>th</sup> !**

**OVER →**

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To be completed by RCRC staff

11. Has Client received a grant from CBF during the current year? Yes \_\_\_ No \_\_\_  
(Only one grant per year per Client.)

If 'yes' - Date \_\_\_\_\_ Reason: \_\_\_\_\_

12. Name & Address of person/agency to receive check:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. RCRC has explored other resources and funding possibilities, including POS, to pay for this request. No other sources have been found. Resources explored and dates and outcomes are:

a. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Service Coordinator (signature) \_\_\_\_\_

Date: \_\_\_\_\_

Phone # \_\_\_\_\_

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Date request was received by Exec. Assistant \_\_\_\_\_

Date request was sent to the CBF Committee \_\_\_\_\_