Shoshone Project Emergency Assistance Request

Thank you for contacting the Shoshone Project. Our Emergency Assistance Fund provides limited financial assistance to individuals and families in Lincoln County experiencing an urgent, unexpected hardship.

Please complete this form and email it to BOTH E-MAIL ADDRESSES: grants@shoshoneproject.org and info@shoshoneproject.org.

We strive to respond within 24–48 hours.

Applicant Information

Name: _____

Organization (if applicable): _____

Phone: _____

Email: _____

Mailing Address: _____

Request Information

1. Who is this request for?
☐ Myself
☐ Another individual or family
☐ An organization

2. Does this request benefit someone living in or directly serving Lincoln County, Idaho?
☐ Yes ☐ No

3. What type of assistance is needed? (Check all that apply.)

☐ Rent/Housing
☐ Utilities

☐ Food
☐ Medical or Dental Expenses
☐ Prescription Medications
☐ Transportation
☐ Childcare
☐ Other: _____

4. Please briefly describe the emergency and why assistance is needed (2–3 sentences).

_____

_____

_____

5. Amount Requested: $_____

6. Is there a deadline for this request? (For example, an eviction notice, utility shutoff date, medical appointment, or other urgent deadline.)

☐ Yes ☐ No

If yes, what is the deadline? _____

7. Have you received assistance for this need from another organization?
☐ Yes ☐ No

If yes, please list the organization(s) and amount received (if known):

_____

8. Have you previously received assistance from the Shoshone Project?
☐ Yes ☐ No

If yes, approximately when and for what purpose?

_____

Payment Information

The Shoshone Project prefers to pay landlords, utility companies, medical providers, pharmacies, and other vendors directly whenever possible.

Who should payment be made to?

Payee Name: _____

Business/Organization: _____

Mailing Address: _____

Email: _____

Phone: _____

☐ Payment should be made directly to the vendor/service provider.

Certification

I certify that the information provided on this application is true and accurate to the best of my knowledge.

Applicant Name (please print): _____

Signature: _____

Date: _____