Shoshone Project Emergency Funds Request

Please complete the form below and email it to: info@shoshoneproject.com. We will strive to respond within 24 hours.

Applicant / Organization Name:
Contact Name:
Address:
Phone Number:
Email Address:

1. Are you applying for an organization or an individual based in or directly serving Lincoln County, Idaho? (Yes / No) Describe
2. What is your connection to this individual or organization?
3. Describe the need are you seeking funds for. Example: Utility bill, Rent, Medical bill, Medications, Ride to doctor's appointment
4. Brief description of the need/situation (2–3 sentences):
5. Estimated amount requested:
6. How will these funds be disbursed?
7. Name and address and e-mail of recipient.

I certify that the information I have provided is accurate:

Name: _____

Title / Role: _____

Signature: _____

Date: _____