



Service Request and Tracking Form

This form is required to process all requests

ORGANIZATION / INDIVIDUAL NAME

SERVICE COMMITTEE MEMBER ASSIGNED REFERRED/RECOMMENDED BY

DATE SUBMITTED COMMITTEE MEMBER TELEPHONE NO. COMMITTEE MEMBER EMAIL ADDRESS

ORGANIZATION CONTACT NAME(S)

MAILING ADDRESS CITY STATE COUNTRY ZIP/POSTAL CODE

TELEPHONE NO. FAX NO. EMAIL ADDRESS

CATEGORY
 Economic & Social Development Environment Human Rights / Status of Women
 Education Health International Good Will & Understanding

NATURE OF REQUEST

<input type="checkbox"/> Financial		<input type="checkbox"/> Volunteers		
AMOUNT REQUESTED	DATE FUNDS NEEDED	DATE OF EVENT	TIME OF EVENT	NO. VOLUNTEERS
\$				
TOTAL PROJECT COST	AMOUNT RECOMMENDED	EVENT LOCATION		
\$	\$			

IS THIS PROJECT NEW OR CONTINUING? HOW MANY PEOPLE WILL THESE FUNDS AFFECT?
 New (Project Specific) Continuing (Ongoing Expense) One (1) _____ (indicate no. of people)

DESCRIPTION: BRIEFLY DESCRIBE THE PROJECT OR NATURE OF ONGOING EXPENSES.

WERE FUNDS REQUESTED IN THE PAST? WERE FUNDS APPROVED? IF YES, WHEN? HOW MUCH?
 Yes No Yes No \$

IF SI CHICO HAS CONTRIBUTED IN THE PAST, HOW WERE THE FUNDS WERE USED?

WHAT OTHER COMMUNITY PROGRAMS MEET THIS NEED? DESCRIBE THE VISIBILITY OR RECOGNITION SI CHICO WILL RECEIVE IF APPROVED.

REQUEST ACTION

COMMITTEE MEETING DATE	BOARD PRESENTATION RESULTS <input type="checkbox"/> Passed <input type="checkbox"/> Denied <input type="checkbox"/> Other	EXPLAIN "OTHER", IF APPLICABLE.
BOARD PRESENTATION DATE	BOARD PRESENTATION RESULTS <input type="checkbox"/> Passed <input type="checkbox"/> Denied <input type="checkbox"/> Other	EXPLAIN "OTHER", IF APPLICABLE.
BUSINESS MEETING DATE	BUSINESS MEETING RESULTS <input type="checkbox"/> Passed <input type="checkbox"/> Denied <input type="checkbox"/> Other	EXPLAIN "OTHER", IF APPLICABLE.

ADDITIONAL NOTES

CO-CHAIR NAME CO-CHAIR SIGNATURE DATE