

Community Disaster Relief Fund – Carr Fire

Organizational Request for Assistance

Name of Organization/District:	
Contact Person:	
Phone Number/Email Address:	
501(c)(3) Number:	
Please detail the number of people you hope to serve and the popular	
2. Please list and briefly describe the services you plan to provide to the	ose impacted by the fire:
Please explain how you will utilize case management or thorough verification receiving assistance are indeed survivors.	tting practices to ensure those
Please provide a list of services or items requested and a budget am Item/Service	ount for each: Amount Estimated \$ \$ \$
	\$ \$ \$
ΤΟΤΔΙ	\$

Once this form is completed, please return it to Kerry Caranci at Shasta Regional Community Foundation by email kerry@shastarcf.org. Should you have any questions, feel free to call the office at 530-244-1219.