

CHILDREN'S COMMUNITY CHEST PROGRAM GUIDELINES

Email application to cccrequests@sncs.org or fax to 530 272-1354, **include supporting documentation.**

Program Description

The purpose of the Children's Community Chest Program is to provide a discretionary fund to meet the needs of children in Nevada and Sierra Counties for which no other community support is available.

Families with children may receive a financial allocation from the Children's Community Chest if, at the discretion of the Executive Director or an officer of the Board of Directors, they have demonstrated a need. A need may relate to health, transportation, enrichment and items that directly benefit the physical or emotional needs of the child. In addition, a financial allocation may be made to support a child's participation in an activity that builds character and self-esteem, such as sports, dance, etc.

Sierra Nevada Children's Services provides equal opportunities to all Children's Community Chest applicants without regard to race, color, religion or creed, sex, marital status, national origin or ancestry, age, physical or mental disability, medical condition, sexual orientation or any other consideration made unlawful by federal, state, or local laws.

Donation Requirements

Funding for the Children's Community Chest Program will come primarily from community donations solicited through Sierra Nevada Children's Services Annual Appeal campaign. Grant funding and corporate contributions will be accepted if the conditions of the grant are not in conflict with the philosophy, guidelines and goals of the program. The program is intended to be self-sufficient, and all monies received are passed directly through to request recipients.

Request Procedures

Sierra Nevada Children's Services (SNCS) will administer the Children's Community Chest in accordance with the following guidelines:

- A Request for Funds form will be completed by the referring individual/organization and submitted to the Resource and Referral Director.
 - The form will identify the child's need and what other sources of support were sought.
 - The referring organization will certify the inability for the parent(s)/guardian(s) to financially provide for the identified need of the child.
 - A parent/guardian may not self-certify a financial need.
 - **Documentation supporting the request is needed, i.e. utility bill, store quote, notice to vacate.**
 - Once the request is received, the Resource and Referral Director will ensure that the request has met the above requirements and seek approval from the Executive Director.
- Children's Community Chest allocations may range from \$40.00 to 500.00. Payment directly to a vendor or other entity is preferred. If this is not feasible, payment may be made directly to the family member. A receipt or other document will be required to verify the expenditure.



David Jones – Chair
 Sonia Jenkins – Vice Chair
 Doug Summers – Treasurer
 Laura Pare – Secretary
 Megan Beaver- Member

Children's Community Chest Request for Funds
 (To be filled out by the referring organization or individual)

Date: _____

Who is making the referral to Sierra Nevada Children's Services?

Referred by: _____

Organization: _____

Contact phone number: _____

Child(ren) Name(s): _____

Parent(s)Guardian Name: _____ Age(s): _____

Parent/Guardian Contact Information: _____

Please describe the child(ren)s need for funds being requested by answering the following:

- 1) Is the demonstrated need related to: (circle one)
 a. Health, transportation, enrichment, direct physical or emotional benefit to the child(ren)?

2) If this need were met, how would it benefit the child(ren)? _____

Amount requested \$ _____

At least three sources were contacted and they could not assist in meeting this need (Other sources must be exhausted prior to this request being considered—Community Chest is a fund of last resort and is made possible through the generosity of community donations):

1) _____

2) _____

3) _____

Has the family previously requested Community Chest Funds? Yes ___ No ___ If yes, approximately when? _____

I, as a referring organization/individual, can affirm that _____ states they are financially in need of support, and that all other sources of financial support have been investigated.

 (Signature of person making request.)

Date _____

I understand that quotes, estimates or receipts must be included/attached as proof that funds will be expended for the purpose for which they were requested. If approved the payment will be made to the vendor.

Signature of Parent/Guardian _____

Date _____

Check Delivery Method: Mail to address below ☐ Parent will pick up in WILL CALL ☐

If funded, to whom should the check be made payable? _____

Mailing address: _____

Contact phone number: _____
