



Request for Assistance

Date of Request: _____

Individuals Name/Group Name: _____

Email: _____

Phone number: _____

What is the request for (check all that apply):

Funds

Volunteers

Other: _____

Have you ever asked for support from B3T in the past? YES NO

If so, when, for what and how much (if applicable) :

Please be as detailed as possible with regards to what you are asking for.

Supplies (list item(s), cost, vendor and what it will be used for):

Food (list items, cost and vendor):

Volunteers (name of event, date of event, purpose of event, youth or adult volunteers needed and what do you need volunteers to do):

Other (be specific):

-Over-

The B3T board typically meets the 2nd Thursday of each month. Do you need a decision prior to the next meeting? If so, by what date? _____

Have you requested support from any other sources? _____ YES _____ NO
If so, from whom & what type of support?

***DISCLAIMERS*: PLEASE READ**

- Receipts/proof of payment must be submitted to the board within 3 weeks of approval. Otherwise you will NOT be reimbursed.
- If a change to this request is necessary, applicant must notify the board immediately, so that the board can act as necessary to the requested change(s).
- If awarded any type of support, the applicant agrees to provide the board with a summary of the program/event.

By submitting this request and signing below, I acknowledge that I have read and understand what is expected of me/organization.

Print Name	Date	Signature	Date
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Please email form to: Tammy Wood-Moghal: twood@bensalemsd.org

TO BE FILLED OUT BY B3T BOARD MEMBER

Date request received by B3T: _____

____ NOT APPROVED

____ APPROVED (Fully as presented)

____ PARTIALLY APPROVED (In detail, explain what was approved):

Date request Approved/Disapproved by B3T: _____

Date applicant was notified of outcome: _____

Name of board member that notified applicant: _____

*Completed form should be submitted to the B3T secretary for record keeping purposes.