

CPC CARE FUND REQUEST FORM

Care Fund Team members must review each request for funds and ensure that there is a clear purpose for the funds in line with the purposes of the Care Fund. The person requesting funds must have personal, sustained involvement with a CPC covenant partner (member) or mission partner.

Requirements:

1. There is a reasonable and practical plan for how the funds will be used, what they will be used for, and how this use will be beneficial to the recipient.
2. There are clear guidelines around how to disburse the funds (i.e. account numbers)
3. Method of payment
 - a. Funds are not sent to benefactors directly.
 - b. Funds are paid directly to a vendor (power company, medical office, car repair shop etc).
 - c. Funds are used to pay a specific bill.
4. The funds will not support or enable unsustainable situations, poor choices, or manipulative behavior on the part of the benefactor.

As the CPC Contact requesting funds on behalf of a person in need, please complete the form below:

Your Name:

Today's Date:

Recipient's Information

Name of Person(s) in need:

Phone:

Address:

Description of need:

Amount Requested:

Vendor's Information

Entity to send payment to:

Address:

Phone:

Submit completed form to: carefund@cpceco.org

