

P.C.A. EMERGENCY FUND
Application to Accept Referrals

Date _____

Agency/Organization Name _____

When was your agency/organization established? _____

Address _____

Phone _____ Fax # _____

Web site _____ E-mail _____

Affiliation _____

Are you a non-profit organization? yes _____ no _____

Do you currently have a 501(c) (3) non profit status with the IRS? Yes _____ No _____

What are your major funding sources? _____

What Social Services do you provide to seniors in Philadelphia? _____

Does your agency refer to:

LIHEAP _____

CRISIS _____

Utility Emergency Services Fund _____

Food Stamps _____

Food Cupboards? _____

What other emergency resources do you refer to? List:

Please provide information about two outside organizations familiar with your work

1. Organization _____ Contact Name _____

Position _____ Phone _____

2. Organization _____ Contact Name _____

Position _____ Phone _____

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Verification Statement:

I verify that I am the director of the organization identified above; that the information provided on this application is true and accurate; that we will comply with all guidelines, restrictions, and eligibility criteria of the PCA Emergency Fund; and that all funds obtained from the PCA Emergency Fund will be used exclusively for the benefit of eligible low-income senior citizens in Philadelphia.

Signature of agency/organization director:

Name _____ Position _____

Date _____

Please attach one or more of the following from your agency/organization:

- Agency brochure _____
- 501C3-IRS Determination letter _____
- Current Bureau of Charitable Organizations Registration _____