



O.Y.D.S.A. Assistance Request Application

Name of Organization: _____ Org PH# _____

Contact Person of Organization: _____ PH# _____

Email address of Contact Person: _____ Cell# _____

Address of Organization: _____

Address of work site: _____

Specific Need: _____

Assistance requested: _____ (attach explanation if necessary)

Attached Quotes Yes ___ No _____

For O.Y.D.S.A use only:

Receipt Date: _____ (Respond within 30 working days of receipt date)

Request assessment: _____

Assessed by (OYDSA member): _____ Date: _____

Request # _____ O.Y.D.S.A. Board Approved Yes ___ No ___

The O.Y.D.S.A has the right to revise or reschedule funding at anytime.