



Community Foundation of Sarasota County, Inc.
Season of Sharing Application 2020-21



Use this form for all Season of Sharing fund requests. Complete all sections. One form per client. Please print legibly.

Referring Agency: Click here to enter text.

Agency employee submitting form: Click here to enter text. Phone: Click here to enter text.

Is the client receiving case management? YES NO If no, why not? Click here to enter text.

List the case manager name, phone, and email address: Click here to enter text.

Signature of agency employee or caseworker completing form: Click here to enter text.

Client Information: Client name: Click here to enter text.

Client full address (incl City/ST/Zip): Click here to enter text.

Phone Contact number: Click here to enter text. Last 4 digits of Social Security number: Click here to enter text.

If employed, place of employment Click here to enter text. Work Phone Click here to enter text.

If applicable, number of other adults in the household: Click here to enter text.

Names of adult(s) in household: Click here to enter text. Last 4 digits of his/her SS number(s): Click here to enter text. (use additional pages if necessary)

If applicable, number of children in the household: Click here to enter text. (use additional pages if necessary)

Child 1: Age Click here to enter text. M/F Click here to enter text. School attending Click here to enter text.

Child 2: Age Click here to enter text. M/F Click here to enter text. School attending Click here to enter text.

Child 3: Age Click here to enter text. M/F Click here to enter text. School attending Click here to enter text.

Is this request related to Covid-19? YES NO

Has household applied for CARES? YES NO

*If yes: Date Applied Click here to enter text. Applied through: Click here to enter text.

Is request time sensitive i.e. disconnected utility? YES NO

Assistance Needed: Explain in detail the cause of the crisis: Click here to enter text.

Other agencies contacted (list agency, staff name, and amount of assistance given):

- 1. Click here to enter text.
2. Click here to enter text.

Use of Funds:

- Rent
Mortgage
Utilities/New Acct./ Deposits/ Electric Disconnections w/future management

Date Funds requested: Click here to enter text. Date Funds granted: Click here to enter text. Amount of Funds granted: \$ Click here to enter text.

Please attach a copy of the bill or invoice for accurate account and address information for the client to be properly credited.

Check payable to: Click here to enter text.

Mailing Address: Click here to enter text.

CLIENT MUST SIGN this form to receive assistance. Client agrees that information will be verified and kept in a confidential database. CLIENT SIGNATURE Date

Will the client allow the Sarasota Herald Tribune to publicize his/her story? YES NO

Please obtain a signature below if the client is willing to tell his/her story:

I give permission for the Herald Tribune to tell my story to encourage more donations to the Season of Sharing Fund

Sign Name: Date:

Print Name:

NOTE: Agencies may be requested to provide a completed W-9 form (payee) and a Release of Confidential Information Form (client) Attention Fiscal Agency: Forms MUST be part of the Final Report to the Community Foundation. Forms will not be duplicated