



Service Request and Tracking Form

This form is required to process all requests

ORGANIZATION / INDIVIDUAL NAME

SERVICE COMMITTEE MEMBER ASSIGNED
REFERRED/RECOMMENDED BY

DATE SUBMITTED
COMMITTEE MEMBER TELEPHONE NO.
COMMITTEE MEMBER EMAIL ADDRESS

ORGANIZATION CONTACT NAME(S)

MAILING ADDRESS
CITY
STATE
COUNTRY
ZIP/POSTAL CODE

TELEPHONE NO.
FAX NO.
EMAIL ADDRESS

CATEGORY
Economic & Social Development
Education
Environment
Health
Human Rights / Status of Women
International Good Will & Understanding

NATURE OF REQUEST
Financial
Volunteers
AMOUNT REQUESTED
DATE FUNDS NEEDED
TOTAL PROJECT COST
AMOUNT RECOMMENDED
DATE OF EVENT
TIME OF EVENT
NO. VOLUNTEERS
EVENT LOCATION

IS THIS PROJECT NEW OR CONTINUING?
HOW MANY PEOPLE WILL THESE FUNDS AFFECT?
New (Project Specific)
Continuing (Ongoing Expense)
One (1)
(indicate no. of people)

DESCRIPTION: BRIEFLY DESCRIBE THE PROJECT OR NATURE OF ONGOING EXPENSES.

WERE FUNDS REQUESTED IN THE PAST?
WERE FUNDS APPROVED?
IF YES, WHEN?
HOW MUCH?
Yes No
Yes No
\$

IF SI CHICO HAS CONTRIBUTED IN THE PAST, HOW WERE THE FUNDS WERE USED?

WHAT OTHER COMMUNITY PROGRAMS MEET THIS NEED?
DESCRIBE THE VISIBILITY OR RECOGNITION SI CHICO WILL RECEIVE IF APPROVED.

REQUEST ACTION

COMMITTEE MEETING DATE
BOARD PRESENTATION RESULTS
EXPLAIN "OTHER", IF APPLICABLE.
Passed Denied Other
BOARD PRESENTATION DATE
BOARD PRESENTATION RESULTS
EXPLAIN "OTHER", IF APPLICABLE.
Passed Denied Other
BUSINESS MEETING DATE
BUSINESS MEETING RESULTS
EXPLAIN "OTHER", IF APPLICABLE.
Passed Denied Other

ADDITIONAL NOTES

CO-CHAIR NAME
CO-CHAIR SIGNATURE
DATE