

El Dorado Community  
**Foundation** 

**To:** El Dorado County Nonprofits, Schools, County Offices, & Churches

**From:**

**Re:**

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The Crisis Angel Network Fund was created in 2008 to assist individuals and families who will benefit from **one-time-only** assistance for crises **as a last resort**. You may request **up to \$500** in funds to help individuals with emergency needs that are not otherwise met through other agencies or organizations. The grant will pay invoices on behalf of the individual; we do not pay individuals or the sponsoring nonprofit.

The Foundation is relying on your integrity to sponsor the applicant. As our nonprofit partner, we request that you interview the individual and complete the application on their behalf. Attached is a Personal Financial Information sheet that may help you determine the individual's level of need.

**Requirements:**

- The individual must be an El Dorado County Resident for at least one year.
- Required Attachments:
  - a. Proof of residency such as a bill over one year old with an El Dorado County Address, etc.
  - b. Invoice(s) requesting to be paid. Where appropriate, it is suggested that the individual get two estimates to ensure a reasonable payment request.

**Exclusions:** The Foundation has found it necessary to add exclusions. These are directly related to our concern for the sustainability of an individual. We seek to assist with one-time emergencies versus what should be planned costs sustained annually. These costs include anticipated annual expenses such as Housing Assistance, payment of Criminal Fines, and Auto Registration.

**Send complete application and attachments to: [hilary@eldoradocf.org](mailto:hilary@eldoradocf.org).**

Name of Individual(s) Needing Help: \_\_\_\_\_

Date: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

\*If requesting multiple invoice payments, include the exact amount per provider/vendor.

Sponsoring Organization: \_\_\_\_\_

Sponsor Contact Name: \_\_\_\_\_

Sponsor Email Address: \_\_\_\_\_

Sponsor Phone Number: \_\_\_\_\_

This is one-time funding only. Has the client applied for C.A.N. assistance before? \_\_\_\_\_

**Check the appropriate box(es) for other assistance the client has applied for:**

- HEAP (Low-Income Home **Energy Assistance** Program), 530-621-6150
- CARE (CA Alternate Rates for **Energy**)
- FERA (Family **Electric** Rate Assistance)PG&E, 866-743-2273
- REACH (Relief for **Energy Assistance** thru Community Help), 800-933-9677
- Helping Hands (El Dorado Irrigation District **Water** Assistance), 530-642-4000
- Green Valley Community Church **Auto** Ministry, 530-622-3231
- CALFresh (**Food Stamps**), 530-642-7300
- OTHER – Explain

1. What is the crisis that created this situation?

2. What is the individual's financial background and future sustainability (find **optional** financial sheet on page 3)?

Number of Adults in household: \_\_\_\_\_

Number of Children household: \_\_\_\_\_

3. What is the financial need? Please remember to attach invoices.

4. What has already been done to solve the funding emergency?

5. Is this request related to expenses incurred due to the CALDOR Fire? \_\_\_\_\_

Personal Financial Information Form

Individual's Name: \_\_\_\_\_

Because you are requesting financial assistance, we need a general idea of your income, expenses, and sustainability.

**INCOME/ASSISTANCE**

Salary/Wages	\$
Social Security	\$
CalFresh (Food Stamps)	\$
General Assistance/Cash Aid	\$
Unemployment	\$
WIC	\$
Child Support	\$
Other:	\$
Total	\$

**EXPENSES**

PGE \$ -	Food \$ -
Propane \$ -	Garbage \$ -
Rent \$ -	Sewer/Water\$
Cell Phone \$ -	Car Insurance \$
Cable/Satellite \$ -	Car Payment \$
Health Insurance \$ -	Gas for Car \$ -
Credit Cards \$ -	Other (please specify) -
Total- \$	

**INTERNAL**

NAME:	VENDORS & AMOUNT:
DATE:	
APPL#:	