



ASSISTANCE REQUEST FORM

Requester Name _____

Date _____

Census # : _____
(To Verify Registration)

Phone # : _____

SCG Registered Voter Yes No

- INFRASTRUCTURE**
- Electric Power-Lines
 - Water-Lines
 - Bathroom Addition
 - Upgrade- Electrical OR Plumbing
 - Other: _____

- ROAD WORK-EXISTING ROADS ONLY**
- Grade
 - Gravel
 - Culvert
 - Other: _____

- MANPOWER ASSISTANCE**
Provide Own Building Material(s)
- House Services
 - Roofing
 - Fencing
 - Other: _____

- HEAVY EQUIPMENT SERVICES**
- Front-End Loader
 - Grader
 - Dump Truck
 - Squeeze Chute
 - Other: _____

YOUTH EDUCATION- GROUPS/INDIVIDUAL

Group Name: _____
Description of Event(s) for Funding:

Individual Name: _____
Description of Event(s) for Funding:

Detailed Description of Project:

★ **PLEASE ATTACH A MAP OF YOUR EXACT LOCATION** ★

REFERRED BY:

CHR I.H.S Social Services Home Care Self

TO BE COMPLETED BY ADMINISTRATION OFFICE

Referred To:

- BIA
- PEABODY
- SHONTO PREP. SCH.
- POINT OF IMPACT
- OEH/TUBA CITY

- COUNCIL DELEGATE DISCRETIONARY FUNDS
- NN WEATHERIZATION
- HOUSING SERVICE/TUBA CITY
- NTUA/KAYENTA
- OTHER Local Business/Entity: _____

Funding Available: YES NO

Total Amount: \$60.00 Other : _____

Manager

Comments: _____

Date