ASSISTANCE REQUEST FORM

Requester Name

Phone #: ________________________________

Census #: ________________________________

Date: ________________________________

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: ________________________________

Comments: ________________________________

Manager: ________________________________

Date: ________________________________