

**HARNEY COUNTY  
COMMISSION ON CHILDREN AND FAMILIES  
Application for Donation**

Date: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Contact Person

\_\_\_\_\_

Phone Number

Amount being requested: \$ \_\_\_\_\_ Total amount of project: \$ \_\_\_\_\_

Will you accept a donation smaller than the amount being requested? \_\_\_\_\_

How many children/youth or families does your program serve? \_\_\_\_\_

Please comment on any restrictions on who can participate in your program? (ages, gender, religious affiliation, memberships, etc.):

\_\_\_\_\_

\_\_\_\_\_

**Harney County Commission on Children and Families Mission: Facilitate and mobilize a collaborative community process to develop and implement a comprehensive plan for a community-based continuum of appropriate social supports that provide for wellness for children and families.**

**HCCCF 2006 Priorities:**

**1 – Increase Parenting Skills.**

**2 – Increase the number of preschool slots and quality childcare options for families in Harney County.**

**3 – Continue support to expand and improve the operations of the Boys and Girls Club of Harney County.**

**4 – Reduce juvenile crime through prevention efforts and provide treatment to youth already in the system.**

**5 – Provide intervention to middle and high school students that are identified as “acting out” by school counselors, juvenile department and other local sources.**

**6 – Increase access to a variety of after school activities.**

**7 – Increase funding opportunities to support implementation of HCCCF priorities.**

1. Give a brief overview of your program, project, or service.

2. Does this request fit with the mission and priorities of the Commission on Children and Families? \_\_\_\_\_ YES            \_\_\_\_\_ NO            How?

3. Will this funding help leverage other resources?    \_\_\_ YES                            \_\_\_ NO  
If yes, please list the partners and what types of resources they will be contributing. If more space is needed, please attach additional sheet to this application.

Partner	Type of Resource (In-kind, volunteer hours, cash, etc.)	Amount of Contribution

**- If necessary, additional pages may be attached. -**