

**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.

HCCCCF 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 HCCCCF 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. -