



# Emergency Request and Authorization Form

Funding provided by the Yeomans Emergency Fund of the Community Foundation of Central Illinois

Emergency fund requests are to be used to assist students/ student families who are in need of emergency assistance for basic needs. Request might include, clothing, bedding, dental work, glasses\*\*, transportation needs, medical assistance etc.

Grant rewards begin at \$25, but are not to exceed \$300. All request are subject to review and approval by the Peoria Public Schools Foundation President. The Foundation will then provide the funds needed to fulfill the requested directly to the company or provider.

**All purchases MUST be made by personnel of the PPS Foundation or a Peoria Public Schools employee.** After purchases are made **ALL** receipts must be turned into the PPS Foundation office at 5901 N. Prospect Suite 14E, Peoria IL 61614, no later than **20** days after purchase. Funds should not be used to purchase junk food and will be subject to review.

Individual Requesting the Funds: \_\_\_\_\_  
(Print Name) (Title) (School)

Please circle one of the following: Nurse Teacher Principal Counselor Administrator

Primary Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Briefly describe the need: \_\_\_\_\_  
\_\_\_\_\_

Why is this an emergency? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide the specific dollar amount requested to fulfill the need: \_\_\_\_\_

Please provide a detailed description of how funds will be used (***please include the company or provider from where you will be purchasing the requested needs/services***): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name/Title of PPS employee accompanying purchase with funds requested: \_\_\_\_\_  
(Name, title)

The undersigned, an authorized officer and the primary contact personnel member, certify that the information above in this grant application and their accompanying documents are true and correct\*.

Signature of Individual Requesting Funds \_\_\_\_\_ Date \_\_\_\_\_ Signature of Principal/Administrator \_\_\_\_\_ Date \_\_\_\_\_  
**\*Not Valid Without Both Signatures**

**For PPS Foundation Office Use Only:**  
PPS Foundation Response (*please circle one*): Yes No Amount Approved: \$ \_\_\_\_\_  
PPS Foundation President Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\* If requesting funds for glasses, please ask for information regarding agreement with Bard Optical.