



# RELIEF GRANT REQUEST FORM

*“To provide essential yet urgently needed items required to take care of the children.”*

*(Amount requested should not exceed Rs.30, 000 and 10% of the total project cost covered by the home)*

Home or Childcare Centre Name	
Home or Childcare Centre Address	
Home or Childcare Centre Office No:	
Home or Childcare Centre official e-mail	
Name of Contact Person	
Contact Person's position	
Contact Person's Mobile/Landline	

## REQUEST

What are you requesting?	
Why is this item needed?	
How will this item(s) be used?	

**Number of Children Served:** How many young children from birth to age 5, Children over 5, caregivers, will benefit directly or this item? How many staff/service providers will benefit?

NUMBER OF CHILDREN	AGE & DESIGNATION
	Children 0-5
	Children over 6 years
	Parents/Caregivers of children
	Service Providers
	<b>Total</b>

[illegible]

Director Signature

Treasurer/Accountant Signature  
With organization seal

**[Please return this completed and signed form, together with any supporting documents, and tentative quotations from at least three vendors.]**