

_____ **Board Opportunity Fund Request**
Approved by BOD Executive Committee via email on 10/30/2024

Date:	
Service Coordinator:	
Individual Name:	
County of Residence:	
Type of Request:	

Summary

Include diagnosis, detailed circumstances and why the funds are needed. Please also include an itemized list of costs (approximate).

TOTAL FUNDS REQUESTED:

ALTERNATIVE RESOURCES EXPLORED:

Service Coordinator:
Supervisor:

Approved:

<div data-bbox="203 583 714 693" style="border: 1px solid black; height: 50px; width: 300px;"></div>
Board President (if applicable):