

**NORTH CENTRAL JERSEY ASSOCIATION OF REALTORS®
REALTORS® COMMUNITY CARE FUND**

**FUNDS REQUEST
APPLICATION FORM**

FUNDS REQUESTED FOR:

NAME: _____

ADDRESS: _____

PHONE: _____

REASON FOR FUND REQUEST: (be as complete as possible- use additional paper if needed)

HOW WILL THE FUNDS BE USED:

WHAT IS THE TIMELINE FOR DISBURSEMENT OF FUNDS:

REALTOR® MEMBER REQUESTING FUNDS:

NAME: _____
COMPANY: _____
ADDRESS: _____
PHONE: _____

(This Section For Committee Review Board only)

Recommend Fund Approval to Community Service Committee: YES NO
Committee Review Board Chairperson: _____
Date: _____

Approved by Community Service Committee: YES NO
Community Service Committee Chairperson: _____
Date: _____

Approved by NCJAR Board of Trustees: YES NO
North Central Jersey Assoc of REALTORS® President: _____
Date: _____

**REALTOR® COMMUNITY CARE FUND
ALLOCATION REQUIREMENTS**

TO BE COMPLETED BY THE REALTOR® MEMBER

1. A written report with accompanying receipts within 30 days of fund allocation updating the Trustees as to fund expenditures.
2. Present to Trustees for approval any proposed changes from the original request as to the manner in which the funds will be spent.
3. Return any unused funds if they have not been spent within 30 days of disbursement.
4. Require all funds to be returned to the Trustees if the recipient(s) fail to provide any required information as stated.