|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date submitted: | Child’s name (First name, last initial only): | | | | Child’s age (in years): | | | Previous ACMFF #: | | | | **ACMFF #:** | | |
|  |  | | | |  | | |  | | | |  | | |
| Child’s residency: | | | | Number of parents in the home: | | | | Number of siblings in the home: | | | | Monthly household income: | | |
| Out-of-Home Placement  Remains in the Home\*  **\***Fill out the section to the right **ONLY** if child remains in the home. | | | |  | | | |  | | | | $ | | |
| Requestor’s name: | | | | | | Requestor’s title: | | | | |
|  | | | | | |  | | | | |
| Requestor’s organization: | | | | Requestor’s e-mail: | | | | | | Requestor’s telephone: | | | | |
|  | | | |  | | | | | |  | | | | |
| Requestor’s street address: | | | | | City: | | | | | State: | | | Zip: | |
|  | | | | |  | | | | |  | | |  | |
| Item / Service requested (state specific make/model of the item or the duration/type of opportunity/membership/classes/\*lessons/summer camp requested): | | | | | | | | | | | | Total amount requested: | | |
|  | | | | | | | | | | | | $ | | |
| \*See the Allegheny County Music Festival Fund webpage for details about the ACMFF Lessons Policy and Summer Camp Policy. If requesting lessons, there are special requirements for these requests. Please enter the date the lessons start and when they end. Processing takes at least two weeks. | | | | | | | | | | | | | | |
| Lessons: | | Start date: | End date: | |  |  | Installment 1 | | Installment 2 | | Installment 3 | | | Installment 4 |
| Yes  No | |  |  | |  | Date |  | |  | |  | | |  |
| Amount |  | |  | |  | | |  |

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| Alternate funding (The ACMFF now requires requestors to show what alternate funding sources were explored prior to submitting a request to the ACMFF): | | | | | | |
| Source: | | Date: | Outcome: | | | |
|  | |  |  | | | |
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| Provide on your organization’s letterhead, a justification letter which must include: 1) the child’s first and last name, 2) what services the child receives and why, 3) how specifically, the requested item / service will be beneficial for the child, and 4) the specifics of financial need.  Then **COPY and PASTE** this red text after the content above:  • We verify that the funds requested herein are not available through our program or through any alternative-funding source. • We verify that the facts contained herein are true and correct based upon our knowledge, information, and belief. • We understand that false statements are made subject to penalty of 18 Pa.C.S. § 4903 and/or §4904 relating to unsworn falsifications.  This must be followed by the printed names **AND** signatures of both the requestor (or team manager) **and** that person’s supervisor.  Scan and e-mail to Morgan Sealy, Event & Donations Assistant, at [AlleghenyCountyMusicFestival@AlleghenyCounty.us](mailto:AlleghenyCountyMusicFestival@AlleghenyCounty.us). | | | | | | |
| Vendor name: | Vendor Address: | | | City, State: | Zip: | Telephone: |
|  |  | | |  |  |  |

**Do not write below this line**

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| --- | --- | --- | --- | --- |
| Received:  Sent to DHS AP:  Sent to committee:  Contact requestor:  Check amount: |  | Item Description: | Child’s name: | Signature: |
|  |  | **X** |
| Requestor’s name: | Date: |
|  | **X** |
| Cost  Justification | W-9  Signatures | Pick-up person (if other than requestor): |  |
|  |

|  |  |
| --- | --- |
| Member: Karen Blumen | Vote:  Y  N |
| Notes: | |

|  |  |
| --- | --- |
| Member: Ben Baer | Vote:  Y  N |
| Notes: | |

|  |  |
| --- | --- |
| Member: Russell Carlino | Vote:  Y  N |
| Notes: | |

|  |  |
| --- | --- |
| Member: Peter Davis | Vote:  Y  N |
| Notes: | |

|  |  |
| --- | --- |
| Member: Brooke Goulde | Vote:  Y  N |
| Notes: | |

|  |  |
| --- | --- |
| Member: Michele Makray | Vote:  Y  N |
| Notes: | |

|  |  |
| --- | --- |
| Member: George Owens | Vote:  Y  N |
| Notes: | |

|  |  |
| --- | --- |
| Member: Stephanie Pawlowski | Vote:  Y  N |
| Notes: | |

|  |  |
| --- | --- |
| Member: Gary Scheimer | Vote:  Y  N |
| Notes: | |

|  |  |
| --- | --- |
| Member: Cindy Stoltz | Vote:  Y  N |
| Notes: | |

|  |  |
| --- | --- |
| Member: | Vote:  Y  N |
| Notes: | |

|  |  |
| --- | --- |
| Member: | Vote:  Y  N |
| Notes: | |

|  |  |
| --- | --- |
| Signature: | Date: |
| X | X |

**Approved**  **Denied**