

**A Lot of Good  
There Is Hope Nomination Form  
by Organization**

Organization Name: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_

**Nominated Family Information**

	Name	Relation	Age	Sex	Ph #	Email
1						
2						
3						
4						
5						
6						

What is the family place of residence address?

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: CA Zip Code: \_\_\_\_\_  Own  Rent Amount of housing payment: \$ \_\_\_\_\_

What is the challenge the family is facing?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the request for assistance?

**MONTHLY LIVING EXPENSE SUPPORT**

<input checked="" type="checkbox"/> Gas Card	\$ 100.00	Monthly (x12)	Amount: <b>\$1200.00</b>
<input checked="" type="checkbox"/> Grocery Card/Target/Walmart	\$ 100.00	Monthly (x12)	Amount: <b>\$1200.00</b>
<input checked="" type="checkbox"/> ALOG voucher	\$ 100.00	Monthly (x12)	Amount: <b>\$1200.00</b>
			<b>Total Amount: \$3600.00</b>