



Silvertown Service Integration Funding Request

Funding Request Form

Welcome to the Silvertown Service Integration Funding Request Form. We value our partners and are thankful Silvertown and Mt Angel Families have advocates such as you! If you have questions about this form or need assistance filling it out please contact Kayla Burdine-Rea, Silvertown SIT Coordinator, kburdine@lhs.org or 503-873-1565.

Basic Funding Guidelines

Service Integration Team dollars are intended to meet an immediate one time need that achieves a measurable outcome towards health, wellness, and/or self-sufficiency. SIT funds are a last resort when all other community resources have been accessed or unavailable.

The request form is intended for community partners and service providers only. If you are needing assistance with a personal need please contact SACA (503-873-3446), The Salvation Army (503-585-6688) or Marion County Resource Center (503-399-9080).

Measurable Outcomes

Service Integration funds should be focused on meeting needs that can provide some measurable outcome (whether big or small).

Before submitting a request please read the Service Integration Funding Process Form and Service Integration Funding Guidelines which are found on the resources tab on the SIT website: <https://silvertownsit.org>

1. Please include the Release of Information (one is required to be signed prior to an advocate completing the funding request). If you need a blank copy of a Release of Information, please email kburdine@lhs.org requesting one or visit <https://silvertonsit.org>

2. Referring Agency/Provider

Your Name _____

Agency _____

Email Address _____

Phone Number _____

3. Client Information

Name _____

Address _____

City _____

Phone Number _____

Preferred Language _____

4. Amount Requested

\$ _____

5. By when is the funding needed?

___/___/___

6. Request Description
