

**CAMDEN COUNTY DEVELOPMENTAL DISABILITY RESOURCES  
SPECIAL FUNDING REQUEST**

**I. AGENCY INFORMATION**

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

**II. FUNDING REQUESTED**

**Purpose of this Special Funding Request:**

- New Service and/or Support Program
- Transportation
- Community Inclusion
- Community Employment
- Housing
- Vehicle(s)
- Property Acquisition and/or New Construction
- Other Capital/Major Purchases (Equipment, Renovations, Major Repairs, etc.)
- Health & Safety Abatement
- Operational Shortfall
- Other: \_\_\_\_\_

**Amount Requested: \$** \_\_\_\_\_

**(All supporting evidence associated with this request MUST be attached. CCDDR Reserves the right to request additional documentation as needed to support this Funding Request. See CCDDR Policy #10)**

“I certify to the best of my knowledge and belief that all data supplied with this request is true and correct to the best of my knowledge. This request has been duly authorized by the governing body of the applicant, and I further understand and agree to the conditions and funding policies issued by Camden County Developmental Disability Resources.”

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Date)

Printed Name of Authorized Agency Representative: \_\_\_\_\_