ILLINOIS COMMUNITY ACTION ASSOCIATION

SKILL BANK
APPLICATION FOR ASSISTANCE

Date_____

Agency Requesting Assistance_____

Total Funds Requested_____
(if applicable)

Project Dates _____

Purpose
(Brief description of proposed project, including breakdown of proposed expenditures and expected results. If funds are not requested, describe the specific services requested.) If needed, please attach another sheet of paper.

Training to be provided by (if known)

To the best of my knowledge and belief, data in this application is true and correct, the document has been duly authorized, and the applicant affirms this agency's program funding accounts do not have the capacity to fund the above request.

Signature _____ **Date**_____

Type Name and Title _____

Executive Director's Signature _____ **Date**_____