



Assistance Application

**TELL US ABOUT YOU:**

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

Company Name: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

EIN Number or Tax ID: \_\_\_\_\_

**TELL US ABOUT YOURSELF or ORGANIZATION:**

Mission: \_\_\_\_\_

Goals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Accomplishments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Future Plans: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Please attach additional pages, as needed)



**TELL US ABOUT YOUR NEED:**

Amount of Assistance: \_\_\_\_\_

Additional Requests: \_\_\_\_\_  
\_\_\_\_\_

Number of people benefiting from funding: \_\_\_\_\_

Describe how funds will be utilized: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please attach additional pages as needed)

Dispersal of funds, check payable to: \_\_\_\_\_

**APPLICATION REQUIREMENT CHECK LIST**

1. Application must be fully completed and clearly printed.
2. Applicant must be a company officer or the recipient of potential funds.
3. Applicant must provide identification and/or corporate ein documents.
4. Applications can be sent by email: [REACHOCNJ@gmail.com](mailto:REACHOCNJ@gmail.com) or mailed to:

**R.E.A.C.H**  
**c/o Ocean City Board of REALTORS®**  
**405 22<sup>nd</sup> Street**  
**Ocean City, NJ 08226**