



PacificSource Community Solutions
PO Box 5729, Bend, OR 97708-5729
(800) 431-4135
CommunitySolutions.PacificSource.com

Funding Request through Health Related Services Community Benefit Initiative (CBI)

Name of Program: Click here to enter text.
Goal of Program: Click here to enter text.
Medical Condition Program Addresses: Click here to enter text.
Target Group: Click here to enter text.
Has program requested funding from another agency? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please state which agencies funding was requested from, and explain the reason for approval or denial. Click here to enter text.
Funding Amount Requested \$ Click here to enter text.
What will funding be used for? Click here to enter text.
Additional Comments: Click here to enter text.

Please send completed request form to:

Email: healthrelatedservices@pacificsource.com -or- Fax: 541- 385-3123

*Please note, you will receive a decision from us within 120 days.

*Recipients of funding will be required to send either monthly or quarterly updates.