

**Children's Services Council of Martin County (CSCMC)**  
**SUPPORT PROGRAM FUNDS**  
**SPECIAL EQUIPMENT APPLICATION FORM**

**Application Deadline: Monday, January 7, 2008**

To complete this form, follow the Special Equipment Application Instructions located on the CSCMC website, [www.cscmc.org](http://www.cscmc.org), under Other Funds Available, or at the CSCMC office.

Organization Name: (full legal name) \_\_\_\_\_

Program Name: \_\_\_\_\_

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

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact's e-mail: \_\_\_\_\_

Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Purpose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Funding Sources: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount Requested: Total: \_\_\_\_\_ (Attach Budget Narrative)

Signature (Authorizing Official) \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

*Submit original, signed application form to: CSCMC, 2030 S.E. Ocean Boulevard,  
 Stuart, Florida 34996-3304. Please do not send by fax.*

<b>For CSCMC use only:</b>			
CSCMC Staff Recommendation:	___ Approval	___ Denial	___ Other
_____			
CSCMC Action:	___ Approval	___ Denial	___ Other
_____			
David L. Heaton, Executive Director			Date _____