



1006 Calloway Dr., Suite B  
Bakersfield, CA 93312  
[glen@dssfgiving.org](mailto:glen@dssfgiving.org) or [dcr@dssfgiving.org](mailto:dcr@dssfgiving.org)  
661-326-0603 website : dssfgiving.org  
By Appointment: Tues/Wed/Thurs • 10:30 am-2:30 pm

## Development Services Support Foundation (DSSF) Funding Check Request/DSSF Giving Fund

The DSSF board reserves the right to approve or deny as they feel necessary.

Email Funding Request to [glen@dssfgiving.org](mailto:glen@dssfgiving.org) or [dcr@dssfgiving.org](mailto:dcr@dssfgiving.org)

Date of Request: \_\_\_\_\_

**Emergency Funding Request:** (Please use the DSSF Form on DSSF website)

Amount: \_\_\_\_\_

**Event Funding Request:** (Please use the DSSF Sample Budget Form and Event Request Form on DSSF website)

**Purpose of Request:** (Give details and attach supporting documents i.e. invoice or receipts). Please submit a paragraph explaining why a donation is needed. The DSSF board wants to understand the funds are needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Important

Make check payable to: \_\_\_\_\_

Mailing Address (print clearly) \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Funding Requested by KRC or other agency staff member: \_\_\_\_\_ Date \_\_\_\_\_

Contact Number: \_\_\_\_\_

Approved by KRC Program Manager: \_\_\_\_\_ Date \_\_\_\_\_

### Approved/Denied by Developmental Services Support Foundation

Approval/Denial Date: \_\_\_\_\_

Approved Amount: \_\_\_\_\_

Board Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Please complete this form completely in print or easy to read handwriting
- Approval of a KRC Program Manager is required for KRC requests.
- Invoices/Receipts/Budget must be submitted with request if available
- Check requests are reviewed by Glen Campbell, Director of Partnership Development, and signed by President, Diana Campbell Rice, as soon as received