



**CDDB COMMUNITY CHARITY**  
 A MISSOURI NONPROFIT  
 501(C)(3) STATUS WITH IRS

3912 State Road V, DeSoto, MO 63020

**Request for Assistance – Hand Up Grant Application**

Your information is Confidential. Your information will only be used to determine eligibility. Your information will not be shared with other agencies except when required by law.

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

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

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

Telephone Number: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

Email Address: \_\_\_\_\_

How best to contact you:  Phone Call  Email

Nature of Assistance Requested: \_\_\_\_\_  
 Utility payment, food and household, medical expense assistance, etc.

Briefly describe the circumstances for the request:

Household Members starting with yourself:

Name	Relationship	Age	Monthly Income
	self		

If you need more space, please use a separate sheet of paper

CDDB is dedicated to providing assistance to members of the earth-centered spiritual community in the greater St Louis area. It is not necessary that you live within the area, but that you are active.

Please list your affiliations with groups, fellowships, circles, or events:

Organization or Event	Years of participation	Nature of participation (member, organizer, volunteer, etc)

Please list references that can verify your circumstances:

Name	Relationship	Telephone Number

Have you ever received assistance from CDDB?  Yes  No

If yes, please give date(s) and assistance received:

Please submit this form along with any supportive documentation such as utility bill, medical bill, etc to:

**CDDB Community Charity - Grant Requests**  
**3912 State Road V**  
**DeSoto, MO 63020**

You may also scan this form and email to [grants@cddbcommunitycharity.org](mailto:grants@cddbcommunitycharity.org)

We understand that time may be of the essence. If you require immediate assistance, send an email to the address above or contact us on Facebook at <https://www.facebook.com/CDDBCharity>

We will review your information and get in contact with you as soon as possible.  
 Thanks for your support of CDDB.

I attest the information provided on this Request for Assistance is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Official Use Only – Do Not Write Below this Line**

Date Received: \_\_\_\_\_ Verified by: \_\_\_\_\_

Grant:  Approved  Denied Date: \_\_\_\_\_

Reason for Approval or Denial:

Assistance Provided by:  Check # \_\_\_\_\_  Debit  Purchase

Payment Made To: \_\_\_\_\_

Amount of Grant: \_\_\_\_\_ Fulfilled by: \_\_\_\_\_