

Douglas County Responders First Foundation Request Form



Agency Affiliation: _____

Name: _____

Address: _____

Phone #: _____ Email: _____

Amount of funds requested: _____

I would like to attend a trauma retreat, and do not know the associated costs.

Describe the reason you are requesting the funds. Applications should include documentation of expenses or estimates of costs (receipts, credit card or bank statements, etc.).

- A. Health and Mental Health care not otherwise covered
- B. Rehabilitation, medical devices, home modifications, and related needs associated with physical recovery.
- C. Travel and personal needs costs associated with caring for victims and their families.
- D. Compensation for other direct costs will be considered on a case-by-case basis and must be explained in the application process.

Any questions should be directed to firstresponders@cascadecu.org

Please submit form here or scan and send to firstresponders@cascadecu.org.