Request for Assistance

#EvergreenStrong Community Recovery Fund
Instructions: Answer ALL required questions and be as complete as possible in your responses.

What are the eligibility requirements?

Community members who were impacted by the shooting at Evergreen High School on September 10th, 2025. This includes students, staff, parents, faculty, first responders, and community members needing support due to the incident. Priority will be given to Evergreen High School, its students, staff and families.

Also eligible are local organizations and service providers that will facilitate recovery, create safety improvements, design preventive measures, and enhance long-term healing and resilience within the Evergreen community.

What financial assistance can be covered by the fund?

- Mental Health Counseling – Donations already made to Resilience1220 should cover free counseling for youth between 12-20 as well as group counseling for others outside that age group. We will consider counseling that is not covered by Resilience1220, the Requestor's insurance, Medicaid or Medicare.
- Emotional support services, products, information, community building events, etc.
- Improvement of security infrastructure, including but not limited to, Evergreen High School
- Long-term prevention programs and efforts
- Additional material costs related to the incident or for prevention and safety

*Additional types of assistance may be added to eligibility as needs are identified

* Indicates required question

1. Are you an individual, family, organization, or service provider requesting assistance? *

Mark only one oval.

- ◯ Individual *Skip to question 2*
- ◯ Family *Skip to question 2*
- ◯ Organization *Skip to question 22*
- ◯ Service Provider *Skip to question 22*

For Individuals and Families: Requestor Information

2. Requestor Name (First, Middle, Last) *

_____

_____

_____

_____

_____

3. Birthdate *

_____

Example: January 7, 2019

4. If the requestor is under 18 years old, please provide parent or guardian name, address, and birthdate here:

5. Phone number *

6. Mailing Address *

7. Email Address *

8. Please check the box that best describes you *

Mark only one oval.

- ◯ Student
- ◯ Parent or Guardian of a Student or Students
- ◯ School Staff or Faculty
- ◯ First Responder/Law Enforcement
- ◯ Community Member

9. Please select the type of assistance you are requesting funding for *

Mark only one oval.

- ◯ Mental Health Therapy for 1 or more family members
  Skip to question 21
- ◯ Emotional Support services, products, information or community events
- ◯ Improvement in Security Infrastructure
- ◯ Long Term Prevention project or program
- ◯ Material costs related to the incident
- ◯ Other: _____

Description of Request for Assistance

10. Description of request for financial assistance (be as specific as possible) *

11. Estimated Total Cost *

12. Amount being requested *

13. Please list other sources from which you have requested assistance, if applicable

14. Is this a request for reimbursement (paid to Requestor) or payment to be made to a provider/organization in the future? *

Mark only one oval.

- ◯ Requestor reimbursement *Skip to question 20*
- ◯ Future payment to provider *Skip to question 15*

Provider/Organization to be paid on behalf of Requestor

Because you are requesting assitance to be paid to a provider or organization please complete the following:

15. Provider or Organization Name *

_____

16. Contact Person, if different than above

_____

17. Provider or Organization Mailing Address *

_____

_____

_____

_____

_____

18. Provider or Organization Email address, if known

19. Planned date(s) of service: *

Receipts or Estimates: Upload here

20. Please upload any written estimates or receipts here *

Files submitted:

Mental Health Therapy

21. Please list the names and ages for the individuals requesting financial assistance for therapy: *

Skip to question 10

Organizations or Service Providers

This section is for organizations or service providers requesting financial assistance for projects, programs, or services to provide to the community or to members of their organization.

22. Summary of your Organization: Please give a brief description of your organization *

23. Synopsis of Need: Describe the problem and/or need that you are developing a strategy to address. Please include your target population, how many people and/or organizations you estimate serving during the project period, and any localized data *

24. Project Design: Describe the strategy you have created to address this need (including methodology and implementation plan) *

25. Are you willing and prepared to provide a semi-annual report on the program/project and how the funds have been leveraged, including impact? *

Mark only one oval.

- Yes
- No

26. List at least 2 objectives for your project or program and include specifics on how success will be evaluated and measured *

Budget

27. Budget: Please describe and justify your project/program budget, specifically as it pertains to the requested funds. *

28. Dollar amount being requested *

29. Upload proposal or additional documentation that is relevant to the questions asked on this application *

Files submitted: