



Please reply to:

[info@1-stepahead.org](mailto:info@1-stepahead.org)

Subject: PAK Request

or Fax: (440) 557-6411

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

**Request Type** (*pick one*):

Individual or Family Hardship

Organization Partnership

**Contact Phone Number, Email & Address:**

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

**Contact Name and/or  
Organization Name and Tax  
ID/EIN/501(c)(3) Status:**

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

**For Internal Purpose Only:**

Date request was received: \_\_\_\_\_

Request Granted: Y / N

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

Any Additional Information: \_\_\_\_\_

**Individual/Family Request;** describe your hardship, the type and amount of support you are requesting (physical item, utility bills, etc). **Organization Partnership request;** describe your project or event, requested amount, estimate of amount of people impacted, describe the area/community served & mission statement: