

# NORTH CENTRAL JERSEY ASSOCIATION OF REALTORS®

## REALTOR® CARE FUND (RCF)

### FUNDS REQUEST APPLICATION FORM

#### FUNDS REQUESTED FOR:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

#### REASON FOR FUND REQUEST: (be as complete as possible- use additional paper if needed)

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#### HOW WILL THE FUNDS BE USED:

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#### WHAT IS THE TIMELINE FOR DISBURSEMENT OF FUNDS:

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#### REALTOR® MEMBER REQUESTING FUNDS:

NAME: \_\_\_\_\_ COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

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*(This Section For Committee Review Board only)*

Recommend Fund Approval to Community Service Committee: YES NO

Committee Review Board Chairperson: \_\_\_\_\_

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

Approved by Community Service Committee: YES NO

Community Service Committee Chairperson: \_\_\_\_\_

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

Approved by NCJAR Board of Trustees: YES NO

North Central Jersey Assoc of REALTORS® President: \_\_\_\_\_ Date: \_\_\_\_\_

# REALTOR® CARE FUND ALLOCATION REQUIREMENTS

## TO BE COMPLETED BY THE REALTOR® MEMBER

1. A written report with accompanying receipts within 30 days of fund allocation updating the Trustees as to fund expenditures.
2. Present to Trustees for approval any proposed changes from the original request as to the manner in which the funds will be spent.
3. Return any unused funds if they have not been spent within 30 days of disbursement.
4. Require all funds to be returned to the Trustees if the recipient(s) fail to provide any required information as stated.

Mail Application & Any Additional Documentation to:

**NCJAR**  
**910 Mt Kemble Ave**  
**Morristown, NJ 07960**  
**Attn: Mary Cano - RCF**