

## Limits of Distribution

1. No cash can be distributed.
2. Checks or other means of distribution are limited to a total of \$500 for paying bills.
3. A distribution is limited to one time per fiscal Church year.
4. Any deviation to the above must be approved by the Board.

.....  
*Funding is dependent on the donations and fund allocation from PCUUC and may vary from year to year.*

## PCUUC Mission Statement

As members of the Prairie Circle Unitarian Universalist Congregation, we agree to encourage individual spiritual development. We agree that we will help each other apply spiritual values to everyday life. We come to nurture our understanding and respect for all the people of the world, their cultures, and their religious traditions. We will participate actively in the communities we serve, and we will nurture a healthy relationship with the environment.

Finding our spirits kindred with these principles and with this mission, we commit ourselves wholeheartedly with the devotion of our time, our talents and our financial support.

Prairie  
Circle



Unitarian  
Universalist  
Congregation

## CONGREGANT CARE FUND

INFORMATION

INSTRUCTIONS

APPLICATION

for  
our congregants who  
have a financial  
emergency  
we care  
we want to help

## Why Have a Congregant Care Fund?

Within PCUUC there are times when a congregant is hit by an unexpected, unforeseen and unavoidable emergency expense. This Procedure has been created to address such a need by establishing a Congregant Care Fund (CCF) within PCUUC. The CCF is not intended to be ongoing nor a substitute for many local agencies that assist people on a regular basis. Our limited budget allows a one-time yearly distribution to help pay a bill(s) or an expense for a needed service such as a car repair.

## INSTRUCTIONS

1. Please provide your name.
2. Provide your street number & name.
3. Provide the city you live in.
4. Provide the state & zip code.
5. Provide your phone number.
6. Provide your email address.
7. What is today's date.
8. Please provide a brief description of your economic situation.
9. Specifically what economic help do you need?
10. Please enclose copies of the bill(s) or any other documentation.
11. Enclose the fully completed Application and all other documentation in an envelope addressed to:  
PCUUC Congregant Care Fund Executor  
P.O. Box 858  
Grayslake, IL 60030
12. Give to a Board Member, the CCF Executor or Stamp and mail.

## APPLICATION

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

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

Brief Description of Situation:

What Help is Requested:

*Attach copies of any bill(s) to be paid &  
any other information.*

- - - For Staff Use Only - - -

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Amount: \_\_\_\_\_ Details Below:

---Cut or tear here and submit after completion---