



Please reply to:

info@1-stepahead.org

Subject: PAK Request

or Fax: (440) 557-6411

Request Type (*pick one*):

- Individual or Family Hardship
- Organization Partnership

**Contact Name and/or
Organization Name:**

Who is the Request for (*pick one*):

- Myself/My Family
- Other Individual/Family
- My Organization
- Other Organization

Contact Phone Number & Email:

Individual/Family Request; describe your hardship and the type of support you are requesting (physical item, utility bills, etc). **Organization Partnership request;** describe your project outline, request amount, mission statement & EIN: