



Tutoring Services  
Documentation of Services  
*(to be completed by vendor)*

Vendor: \_\_\_\_\_

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

Caregiver: \_\_\_\_\_

This is a renewal of services: \_\_\_ Yes \_\_\_ No

Secured Tutor Name: \_\_\_\_\_

Number of Weekly Hours Secured:

Number of Monthly Hours Secured:

In Person: \_\_\_\_\_

In Person: \_\_\_\_\_

Virtual: \_\_\_\_\_

Virtual: \_\_\_\_\_

Hourly Rate: \_\_\_\_\_

Request Amount: \_\_\_\_\_

Description of tutoring need, expected outcomes/goals:

My signature below confirms that the information above has been reviewed with the applicant. The vendor has not initiated or in any way solicited the caregiver to submit a funding request to AFFCF. **This form in no way implies that an application to AFFCF has been considered or approved.**

Vendor Contact:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Email)

\_\_\_\_\_  
(Signature)