SELAH DOWNTOWN ASSOCIATION
FUNDING REQUEST FORM

NAME OF ORGANIZATION: ________________________________________________________

501C ORGANIZATION EIN#: ___________________ ADDRESS: ____________________________

CONTACT NAME: ___________________ PHONE: ________________________________

BOARD PRESIDENT NAME: _______________ EMAIL: ________________________________

PROJECT NAME: ______________________________________________________________

PROJECT DESCRIPTION: _______________________________________________________________________________________

_______________________________________________________________________________________

TOTAL PROJECT COST: ___________________ TOTAL AMOUNT REQUESTED: ___________________

OTHER PROJECT SPONSORS: ____________________________________________________________________________________

HOW DOES THIS PROJECT ADVANCE THE MISSION OF SELAH DOWNTOWN ASSOCIATION TO “PROMOTE AND DEVELOP DOWNTOWN SELAH AS THE COMMUNITY’S SOCIAL, CULTURAL AND ECONOMIC CENTER”?

_______________________________________________________________________________________

_______________________________________________________________________________________

PLEASE ATTACH THE FOLLOWING:

1. ITEMIZED BUDGET SHEET
2. DESCRIPTION OF HOW PROJECT WILL BE IMPLEMENTED FROM START TO FINISH
3. COMPLETE LIST OF ALL ORGANIZATIONS, BUSINESSES AND VOLUNTEERS INVOLVED IN THE PROJECT

I, ______________________ [full legal name], in my capacity as an authorized representative of ______________________ [organization name], do hereby waive liability and agree to hold harmless SELAH DOWNTOWN ASSOCIATION, the funding grantor, from any damage, accident or injury arising from the project described on this form and for which funding was received. In consideration of the support received from SELAH DOWNTOWN ASSOCIATION, I, on behalf of my organization, agree to assume full responsibility for the project and any resulting faults or liabilities.

_________________________________________  ______________________________
SIGNATURE DATE

PRINTED NAME