

ASHLAND PARKS FOUNDATION

GRANT REQUEST FORM

Request Date: _____ Requesting Organization: _____

Contact Person: _____ Mailing Address: _____

Phone Number _____ Email Address: _____

Tax ID Number: _____

REQUEST DETAILS

Brief description of project:

Request details, including amount requested and prospective use of funds:

Anticipated start and completion dates of project:

Relation of project to parks:

Mission statement of requesting group:

Complete estimate of financial need:

Matching Funds	Total cost of project or activity	Maintenance requirements	Date funds are needed

Requestors will be asked to give a brief oral presentation to the Parks Foundation Board of Directors. Presentations will be heard at a date (or dates) previously set by the foundation in the second month of the second quarter (May). Organizations will be notified of the meeting date or dates. Deliberations of the foundation will be completely confidential. Recipients will be required to submit a written report to the foundation upon completion of the project.

Note: The foundation reserves the right to deny any and all requests based on the applicability to the mission statement or unforeseen financial issues.

Signature of requestor:

Printed name and title of requestor:
