

Clinton & District Community Forest Policy

FUNDING REQUEST FORM

Date Submitted: _____

Name of Organization:

Contact Name:

Address:

Contact Phone Number:

Please provide a brief description of your organization:

Please provide a brief description of your funding request including the intended use/purpose and if it is time-sensitive:

Anticipated Benefits (to the organization, community, region or other):

Clinton & District Community Forest Policy

Number of People who will benefit (indicate if this is an estimate):

How will this funding enhance the reputation or profile of the Clinton and District Community Forest or the Village of Clinton:

Amount of Request: _____

CDCC Use Only:

Authorized By: _____

Clinton & District Community Forest Policy

FUNDING REVIEW FORM

Date Submitted: _____

Name of Organization:

Contact Name:

Address:

Contact Phone Number:

Please provide a brief description of your organizations completed activities:

Please provide an account of expenditures FINAL COST:

MAN HOURS VOLUNTEER

MAN HOURS PAID

EQUIPMENT VOLUNTEER

EQUIPMENT PAID