





ORGANIZATION INFORMATION

Organization / Group Name:	
Is your organization non-profit	: Y/N
Contact Name:	
Town/city:	
	e-mail
Please describe the purpose of	your organization and its primary beneficiaries
Is this the first application by y	our organization requesting a donation from the town? Y/N
PROGRAM / EVENT INI	ORMATION
Program / Event Name	
Program / Event Date	
How many participants are exp	pected?
What local communities will be	served?
DESCRIPE THE PROGRAM	M / EVENT:
What effect will this donation h	nave on your event
	e on our community?
Have you received other dona	tions Y/ N
Have you been fund raising for	this event?





REQUEST INFORMATION

What would you like the TOWN OF PREECEVILLE to donate?	
Please be specific	
SIGNATURE OF APPLICAINT:	
POSITION OF APPLICANT:	
DATE:	
Response needed by (date)	
We will continue to support local non-profit organizations, are commitment is to provide donations in a form of gift ca of Preeceville dollars, OR if conditions are met cash donation.	rds, Tov
Our commitment is to our businesses, residents, clubs and organizations to SPEND IT HERE KEEP IT HERE in order to c better community for all.	reate a
Other option -offer volunteer grants where they offer monetary donations as a match for employees volunteer work.	
Additional Comments or information if required:	

