

## Sandy River Plantation Town Office 33 Townhall Road Sandy River Plt., ME 04970 207-864-2234

sandyriverplantation@outlook.com

## FUNDING REQUEST APPLICATION DUE FEBRUARY 1ST

Name of Organization requesting Donation:
Contact name and title:
Street Address:
Mailing Address:
Phone number:
Email address:
Amount of request: \$
Please provide an overview of your organization, including a brief history of its founding, community engagement efforts, and its impact to date.
Has your organization received funding from us in the past? If so, please provide the amount and a detailed breakdown of how the funds were utilized.
What is your organization's total annual budget? What is the overall budget for the project for which you are seeking funding?

		he requested fun			
	nefit from the funide demographic		ne individuals who	will be impacted.	
Please provi	ide a list of all Bo	oard members an	d key personnel, al	ong with their cor	ntact numbers
		ns from any othe If not, please exp	r communities or a	gencies? If so, ple	ease provide
Signature of	person submittii	ng:		Date:	
•					
_		_	R YEAR'S FINANC DNATED FUNDS W	_	
	<b>↓</b> SA	NDY RIVER PLA	NTATION USE OF	NLY <b>↓</b>	
n Rec'd:			Application Complete:		
RKS INITIAL	DATE:	TIME:			