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| --- |
| **REQUESTOR** |
| **Applicant Information** |
| Date of Request |  |
| Name of Requestor: |  |
| Agency: |  |
| Address: |  |
| Phone: |  |
| Email: |  |
| **Information about Funded Activity** |
| Date Activity/Project |  |
| Title of Activity/Project |  |
| Description of Funded Activity/Project |  |
| Relevance of proposed activity/project to improvement of BOSCOC services or agencies |  |
| Amount Requested |  |
| *If funds are awarded they can ONLY be used on approved Activity/Project*  |

***Please attach any additional or supporting documents/materials relative to your request.***

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| --- |
| **OFFICE USE ONLY** |
| Date Request Rec’d |  |
| Date of Decision* Approved
* Denied
 |  |
| Date Processed |  |
| Date of Post Mark |  |
| Comments:  |

Dec 2017