|  |  |
| --- | --- |
| **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.***

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

Dec 2017