

REQUEST FOR FUNDS

| | | |
|------------------------------|------------------------|----------------|
| Name of activity: _____ | | |
| Sponsor of activity: _____ | | |
| Location of activity: _____ | | |
| Start date/time: _____ | End date/time: _____ | |
| Goal of participation: _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| Estimated costs including: | | |
| Registration: _____ | Travel: _____ | Lodging: _____ |
| Meals: _____ | Other (specify): _____ | |
| TOTAL: \$ _____ | | |

- I understand that funds are dependent on availability and awarded at the discretion of The Arc of Bismarck.
- I agree to write and submit a "Reflection Paper" within 2 weeks after the event to The Arc of Bismarck. Please see next page.

Requested by: _____ Date: _____ Funds needed by: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Amount approved: \$ _____ By: _____

