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| --- |
| *For Internal Use Only*  |
| *Date Rcd*  |  |
| *Time Rcd*  |  |
| *Rcd by*  |   |
| *Complete?*  | Y N  |

P.O. Box 1

Creswell, OR 97426

creswellfirst@creswellfirst.com

Tax-ID: 47-3064430

**Community Services 2024 Funding Application**

***Submission Deadline is 4:00 pm November 30. 2023***

Applications shall be a maximum of five (5) pages~~.~~

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| --- |
| Today’s Date:  |
| Organization Name:   |
| Address:   |
| City:   | Zip:  | State:  |
| Contact Person Name:   | Title:  |
| Phone:   | Email:  |

I certify that the submitted information is correct and that I am authorized by the governing board of this organization to submit this request for funding to Creswell First!

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature if postal mail submission, Typed if email submission)

|  |
| --- |
| Project Title    |
| Total Funding Requested from Creswell First!:   |
| Briefly describe the goals for the project.       |
| Describe the need in Creswell you will be addressing with the project.      |
| What experience does your organization have in addressing this need?    |
| What is your timeline for the project?      |
| Please provide budget information: How will the funds be utilized |
|        |
| Provide any other information that you would like: |