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Funding Request Form

Organization Information

Organization Name:			
Organization Address:			
Contact Person:			
Phone Number:		Email Address:	
Describe the role and purpose of the organization:			
Not for Profit Status: (W-9 Required)	<input type="checkbox"/> 501c3 <input type="checkbox"/> 501c4 <input type="checkbox"/> Governmental Agency <input type="checkbox"/> Other _____		

Event Information

Name of Event:			
Event Date and Time:			
Event Location/Venue:			
Purpose of Event:			
Specific Use of Funding:			
How will PPHCSD support be acknowledged?			
How will PPHCSD literature be distributed or made available?			

Funding Information

Amount Requested:			
Date Funding Needed*:			

*There is a two week processing time for all requests for funding.

Signature:		Date:	
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** For PPHCSD Office Use Only **

Date Received:		Amount Approved:	
General Manager Approval:		Date Approved:	

Funding Source

Water Conservation 01-1-0-54920
 Parks 22-2-0-54920
 Solid Waste 25-5-0-54920