## FUNDING REQUEST APPLICATION

AMOUNT OF FUNDING REQUESTED	NAME OF	ORGANIZATION		
DATE SUBMITTED	ADDRESS			
CONTACT NAME	CONTACT PHONE NUMBER	CONTACT EMAIL		
	ORGANIZATIONS THAT ARE HELPING IDING REQUESTS AND ANTICIPATED			
I. ELIGIBLE PRIORITIES FOR FUNDING: Please indicate which of the following priority funding areas this project proposal (grant request) will address. (you may choose more than one)				
DOWNTOWN I	EDUCATION QUALITY			
II. PROJECT NAME AND DESCRIP	TION (Please includes specifica	lly what the funds will be used for.)		
III. GOALS & OBJECTIVES AS IT RELATES TO OUR FUNDING PRIORITIES				
DOWNTOWN – IMPROVEMENT / BEAUTIFIC	CATION			
EDUCATION				
QUALITY OF LIFE				
INDUSTRIAL DEVELOPMENT				
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IV.	TIMELINE	(Must include a	START DATE and	END DATE, if	applicable)
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ACTIVITY	PROJECTED DATE			
V. BUDGET OVERVIEW (Must include the TOTAL PROJECT BUDGET amount.)				

ITEM DESCRIPTION	PRICE	QUANTITY	TOTAL
		TOTAL	

## VI. SOURCE OF OTHER FUNDS TO FULFILL THE BUDGET (Both Capital and Operating Budgets)

FUNDING SOURCE	FUNDING AMOUNT	PAY SCHEDULE

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I unde and th Comn any C	I understand that I am requesting public funds from the Seymour Redevelopment Commission and that suck funds are restricted under theguidelines set forth by Seymour Redevelopment Commission. I declare that this funding request does not pose a ptential conflict of interest for any Committee Member and will provide any documentation requested by the RDC to authorize payment or review the apporpriateness of the request.			
·	ester's Signature		Date	
VIII. APPEN	LE NAME	DESCRIPTION	LOCATION attachment / link	
IX. EVALUATION (For RDC Review Committee Only)				
DATE (	OF APPROVAL	FUNDING AMOUNT	RDC AUTHORIZATION SIGNATURE	

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