AMHERST FIREFIGHTERS ASSOCIATION
COMMUNITY REQUEST FOR CONTRIBUTION

1. RECIPIENT INFORMATION

NAME OF ORGANIZATION: _____
FULL MAILING ADDRESS: _____
_____

CONTACT PERSON: _____
EMAIL ADDRESS: _____
PHONE #: _____

2. CONTRIBUTION AMOUNT BEING REQUESTED: $ _____

3. FOR WHAT PURPOSE IS THIS FUNDING BEING REQUESTED:

_____
_____
_____
_____
_____
_____
_____
_____
_____

4. BUDGET AND ESTIMATES:
PLEASE ATTACH A BUDGET FOR THE PURPOSE NOTED ABOVE. INCLUDE ALL APPLICABLE COSTS, AND ALL OTHER FUNDING SOURCES (IF APPLICABLE) SUCH AS RECIPIENT CONTRIBUTIONS, ESTIMATED REVENUE, AND OTHER EXTERNAL CONTRIBUTIONS. ATTACH ALL APPLICABLE QUOTES, ESTIMATES, AND ANY OTHER DOCUMENTATION TO SUPPORT THIS REQUEST.

5. SUBMITTED BY:

_____ _____ _____
NAME DATE SIGNATURE

ALL REQUESTS MUST BE EMAILED TO: affarequests@gmail.com
NO LATER THAN THE 15TH OF EACH MONTH.

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6. RECOMMENDATION: (TO BE COMPLETED BY AFFA BOARD OF DIRECTORS)

APPROVED FOR RECOMMENDATION TO MEMBERSHIP: YES ____ NO_____

COMMENTS: _____
_____

CONTRIBUTION AMOUNT RECOMMENDED (IF APPLICABLE): $_____

RECOMMENDED BY: _____ _____
NAME DATE