## AMHERST FIREFIGHTERS ASSOCIATION COMMUNITY REQUEST FOR CONTRIBUTION

1.	ORGANIZATION INFORMATION:	
	Name of Organization:  Full Mailing Address:	
	CONTACT PERSON:  EMAIL ADDRESS:  TELEPHONE #:	
2	TELEPHONE #:  CONTRIBUTION AMOUNT REQUESTED: \$	
۷.	CONTRIBUTION AMOUNT REQUESTED: \$	
3.	FOR WHAT PURPOSE IS THIS FUNDING BEING RE	QUESTED:
4.	BUDGET AND ESTIMATES:	
	PLEASE ATTACH A BUDGET FOR THE PURPOSE NOTED ABO	
	OTHER FUNDING SOURCES (IF APPLICABLE) SUCH AS RECIP	
	OTHER EXTERNAL CONTRIBUTIONS. ATTACH ALL APPLICABLE DOCUMENTATION TO SUPPORT THIS REQUEST.	LE QUOTES, ESTIMATES, AND ANY OTHER
5.	SUBMITTED BY:	
	NAME DATE	 Signature
	NAME DATE	SIGNATURE
6.	RECOMMENDATION: (TO BE COMPLETED BY AFFA DIRE	CTORS)
	Approved For Decomposition To Manager	Van
	APPROVED FOR RECOMMENDATION TO MEMBERSHIP:	YES No
	COMMENTS:	
	CONTRIBUTION AMOUNT RECOMMENDED (IF APPLICABLE):	\$
	RECOMMENDED BY:	
	NAME	DATE