



REQUEST FOR FUNDING

Request No. : _____

MAKING A GREAT PLACE EVEN BETTER

Requests for funding should be submitted by the 1st of each month to allow necessary time for review by the Finance Committee, advisory vote by the PSC membership at the monthly Business Meeting, and subsequent final review/approval by the PSC Board of Directors. Requests submitted after the 1st of each month will be considered but action may be delayed until the following month due to the required time for the review/approval process. Business meetings are generally scheduled for the 2nd Thursday of each month during the period of September through June. The Pentwater Service Club does not meet during July and August.

PLEASE PRINT

Date Of This Request: _____

ABOUT THE ORGANIZATION REQUESTING FUNDING

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____ - _____ - _____

E-mail Address: _____

Website: _____

ABOUT THE CONTACT PERSON

Request No.: _____

Name: _____

Primary Phone Number: _____ - _____ - _____

E-mail Address: _____

PROJECT DESCRIPTION

(Attach additional pages, as needed)

ABOUT THE FUNDING

Amount of Funding Requested: \$ _____

Date(s) When Funds Are Needed: _____

Total Project Cost: \$ _____

What Other Sources Of Funding Do You Have? _____

Explain How Requested Funds Will Benefit People Living In The Pentwater Community?

(Attach additional pages, as needed)

The Pentwater Service Club requires feedback on all grants made and expects your organization to notify the Club about the impact of these funds. Do you agree to provide feedback to the club within 30 days of the completion of your project?

YES NO

Submit Completed Request Form to:
Pentwater Service Club
Finance Committee
P.O. Box 273
Pentwater, MI 49449

(For Pentwater Service Club Use Only)

Request No.: _____

Date Request Received: _____

Finance Committee Review Date: _____

Recommendation to Membership: _____

Chairperson: _____

Membership Advisory Vote: Approve _____ Decline _____ Date: _____

Board of Directors Vote: Approve _____ Decline _____ Date: _____

IF APPROVED:

Grant Approval Letter & Check Issued to: _____

Date: _____ Check #: _____

IF REJECTED:

Date Rejection Letter Sent: _____

Date Feedback Received: _____