

**WEST DEERFIELD TOWNSHIP COMMUNITY SERVICES ADVISORY COMMITTEE
FUNDING PROGRAM
Funding Application Form Year 2024**

General Information

Organization

Name _____

Organization

Address _____

Phone/Fax/email _____

Website _____

Chief Administrative Officer & Title _____

Contact Person/Information (if different) _____

Funding Request: How would West Deerfield Township funds be used? _____

Name of Project/Proposal:

Amount requested from West Deerfield Township Funding Program in 2023
\$ _____

Amount received from West Deerfield Township Funding Program in 2023
\$ _____

Number of Agency's clients who live in West Deerfield Township* _____

Percent of Agency's clients who live in West Deerfield Township* _____

*See www.westdeerfieldtownship.org for township boundaries

Narrative Requirements

Please submit a narrative, addressing the following points (as briefly as possible):

- Organization introduction: purpose, target audience, programs
- Program description

Attachments: See complete details on prior page under Application Remarks and Required Attachments List. Note that the application is not complete without the attachments as specified.

Assurances: If funding is awarded, the applicant assures the West Deerfield Township Board of Trustees that the funds will be administered by the applicant; that any funds received under this program shall be used solely for the described activities; that the applicant has read and will conform to the program guidelines; that the signing and filing of this application has been performed by an official authorized to represent the applicant organization; and the filing of this application has been duly approved by the governing board of the organization.