

Kearns Community Council Funds Request Form

Requestor: _____ Date: _____

Request is for: _____ (please explain)

Describe the function or purpose of this fund request (attach another page if needed):

Have you tried to find alternative funding? If so, describe your results (attach another page if needed):

Describe anticipated expenses (attach another page if needed):

Quantity	Description	Unit Price	Total

Other information or attach brochure, etc.:

Justification:

Please provide information in support of your request. May include factors such as:

Please provide information in support of your request. May include factors such as:

- How does the resource support and benefit the Residents in the Township of Kearns, etc.?
- Will it support and improve the safety in our community?
- Will it improve the aesthetics of our community, i.e. tree planting, graffiti removal, improved lighting?
- Will it further build a sense of community and community pride among the residents, i.e. Good Neighbor Program, Hometown Days, Camp Kearns History Day, etc.?
- Other supporting information, etc.

Additional Information if available can also be provided (not required):

Requester Signature

Date

Council Chairperson

Date

Council Treasurer

Date

PLEASE TAKE NOTE: *Checks are Nonnegotiable 60 days after the date on the check.
This form and all attachments become public record once approved.*