



REQUEST FOR FUNDS

Amount of Request \$ _____

Name of Beneficiary _____

Address of Beneficiary _____

Tax ID # _____ Non-Profit? Yes _____ No _____

Name of Contact Individual _____

Contact Phone Number _____

Purpose of Request _____

Are funds being obtained from other sources to complete the project? Yes _____ No _____

If yes, name of others contributing _____

How does this opportunity align with SCUEC's Mission? _____

When will funds be expended by beneficiary and when will project be completed? _____

What is the total cost of the project for which funding is requested? _____

Board Action taken: Approved on _____ More Information requested _____

Tabled _____ Check issued _____