

**Neighborhood Council Funding Program
FUNDING REQUEST FORM**



Complete this form to request funding

REQUEST DATE: _____ Amount Requested: \$ _____
 NEIGHBORHOOD COUNCIL: _____

Please complete all of the following and answer questions A-D:

Name of Requester: _____
 A. Are you a board member of this Neighborhood Council? Yes No - If "yes," is this request on behalf of a
 B. Is this a request for recurring payment? (if "yes" Term: _____) Yes No NC Committee? Yes No
 C. Is this request a payment for services requiring a 1099? Yes No Committee: _____
 D. Is this a request for an out-of-state vendor? Yes No _____

Remittance:

Payable to: _____

 Address: _____

 City State Zip:

 Email Address Contact Phone number

Notes and / or Public Benefit Statement (Describe how these funds will benefit the this neighborhood):

DECLARATION

I, the Requester, understand that I am requesting public funds from the Neighborhood Council and that such funds are restricted under the guidelines set forth by the Department of Neighborhood Empowerment. I declare that this funding request does not pose any potential conflict of interest for any Board Member and will provide any documentation requested by the Department to authorize payment or review the appropriateness of the request.

Requester's Signature _____ Date _____

NEIGHBORHOOD COUNCIL USE ONLY		
(Board Vote Count Form must accompany this form)		
_____	_____	_____
TREASURER'S Name	Signature	Date
_____	_____	_____
2nd Signer's Name	Signature	Date
_____	_____	_____
Board Action:		_____
<input type="checkbox"/> DENIED (date):		_____
<input type="checkbox"/> Approved for: \$		_____
<input type="checkbox"/> Amended for: \$		_____
NC Budget Category:		_____

DEPARTMENT USE ONLY	
AUTHORIZATION CATEGORY:	Authorization Code: _____
<input type="checkbox"/> NPG <input type="checkbox"/> CIP <input type="checkbox"/> Contract <input type="checkbox"/> Approved	1st Lvl date: _____
<input type="checkbox"/> Lease <input type="checkbox"/> Sponsored Event <input type="checkbox"/> Denied	2nd Lvl date: _____
<input type="checkbox"/> >\$2,500 <input type="checkbox"/> Advanced Payment	
Department Notes:	
