

**REQUEST FOR DDA ASSISTANCE, FUNDING OR PROJECT PARTICIPATION**

Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Description of request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total project costs, if applicable: \_\_\_\_\_

Amount of funding requested from DDA: \_\_\_\_\_

**Office Use Only**

Date Received: \_\_\_\_\_ DDA Agenda Dated: \_\_\_\_\_

Request/Project Approved: \_\_\_\_\_

Reasons: \_\_\_\_\_

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