RECREATION GRANT REQUEST FORM Municipality of Skagway

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PO Box 415 Skagway, AK 99840



www.skagway.org h.rodig@skagway.org

Form available on-line at: www.skagway.org

Name of Group, Club or Organization			
Mailing Address			
City/State/Zip		Main Telephone	Fax
Contact Person	Telephone	E-mail	
Contact Person	Telephone	E-mail	
Summarize your project in one sentence:			Grant Request Amount \$

1. What is your organization's Mission Statement?

2. Provide a brief description of your organization's history.

3. What recreational services does your organization provide to the community? In your answer, describe the population served (e.g. youth, elderly, low-income), the numbers served, and how your services meet the needs of Skagway citizens.

4. If the project or program requires additional funding, how will the additional funds be raised?

5. Attach a copy of your organization's annual budget and/or program budget.

ACKNOWLEDGEMENT

Cindy ODna Signature

By my signature below, I hereby acknowledge that the above-named club/organization does not discriminate on the basis of race, color, religion, creed, national origin, gender, sexual orientation, disability, age, or any other legally protected status or basis prohibited by law.

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