



Please explain why you are requesting these funds and how they will be utilized (Please list all information relevant to your request – if this is for a specific event, please include dates and times):

---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---

Has this organization requested funds in the past?      Yes      No

If yes, when (date)\_\_\_\_\_

I have read the Application guidelines and my application complies with all requirements. By signing this application, I understand that I am responsible for ensuring the appropriate use of the funds.

Requested By:\_\_\_\_\_ Date:\_\_\_\_\_  
Signature

***Funds disbursed from this account are made solely at the discretion of Community Health Services (CHS) employees. This account is not owned or managed by the Community Health Services organization, its management or Board of Directors.***

**FOR CHS USE ONLY**

\_\_\_\_\_ Funded      \_\_\_\_\_ Not Funded

Date: \_\_\_\_\_ Reason not funded:\_\_\_\_\_