

Date Received _____

Received by _____

Dress Down Day Application Form

Applicant Information

Name of organization/ special project or organization; _____

Contact Name _____ phone # _____

Email _____

Mailing Address _____ City _____ State _____ Zip _____

Month requesting funds for _____ Date the funds are needed _____

Reason for Dress Down Day Funds: _____

If requesting funding for a project:

Cost of your project: _____

How many people will be affected by this project or event? _____

Has other fundraising been done? Please elaborate _____

How do you plan to proceed if the donation is less than the project amount? _____

Where do funds come from to support the group i.e.. government support, dues, private donations, etc.?

If selected how will the donation be utilized? _____

Will the funds remain in Cheyenne County? Please explain. _____

Have you requested funds in the past? _____ If so when? _____

For what purpose _____

How were they used? _____

Please provide any additional information you would like the Dress Down Day committee to know to fairly assess your eligibility and needs. _____

NOTE: Selected recipients will receive funds the following month **after** funds are collected for the Project.

If you are selected to receive funds, you will be required to participate in a presentation that will go to the local media. Please return your application to: The Cheyenne County Chamber of Commerce 740 Illinois Sidney NE 69162.

If the project or the stated need for which a recipient received funds fails or becomes unnecessary in **6 months** all amounts disbursed must be returned to the Cheyenne County Chamber of Commerce.

By signing and submitting this application you agree with the terms thereof.

Signature

Date
