



## APPLICATION

*Note: Submitting this application does not automatically qualify you or your firm for assistance from the Inland Northwest AGC's Community Service Committee.*

### Applicant's Information

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Project/Event Location: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

### Project/Event Description

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### For Applicant to Complete:

1. To enhance our efforts and to aid in your request, please select all that apply to your needs:

Materials

Equipment/Machinery

Manual Labor

Volunteers/Participation

Monetary Donation

2. If this project/event is requesting monetary aid, what is the estimated amount? \$ \_\_\_\_\_

3. If this project/event has a budget, what is the estimated amount? \$ \_\_\_\_\_

4. If this project/event has a date deadline, what is it? \_\_\_\_\_

I hereby agree and accept the terms provided by the Inland Northwest AGC's Community Service Committee and I understand that the submittal of this application does not automatically enroll me or my firm for assistance/aid, but will be taken under close consideration.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date