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

___________________________________________________________________________________

___________________________________________________________________________________

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