



REQUEST FOR CONTRIBUTION

THIS FORM MUST BE COMPLETED AND SUBMITTED BY **NOVEMBER 1 OR MAY 1** TO BE CONSIDERED BY THE AEB ASSEMBLY FOR FUNDING.

ORGANIZATION NAME: _____

PERSON COMPLETING THIS FORM: _____

AMOUNT REQUESTED: \$_____ (An amount range is acceptable)

1. Who will benefit from this donation?

_____ Estimated number of AEB Residents

_____ Estimated number of Non-AEB Residents

_____ Ages

Is this activity open to all AEB residents? / /yes / /no If not, please explain.

2. How does this contribution promote the best interests of the AEB? For example, tell us if this project/activity is related to the safety, health or well-being of residents. Specifically perhaps, it offers an alternative (to alcohol or drug abuse) recreation opportunity. Or supports the preservation of the Aleut culture or reinforces the subsistence life-style. Why should this activity receive AEB funds? Please limit your answer to no more than one page.
3. What is your estimated budget? Where does the AEB contribution fit into the budget? Who are, if any, the other donors? Please limit your answer to no more than one page.
4. Are you willing to report back, without a reminder, to the Mayor and Assembly describing your project/activity within two months of the activity? / /Yes / /No