



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.

Today's Date: _____ Date of Event: _____

ORGANIZATION/BEFEFICIARY NAME: _____

PERSON COMPLETING THIS FORM: _____

MAILING ADDRESS: _____

PHONE #: _____

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

If Approved: Who should the check made out to: _____

If Approved: Mailing address of donation recipient: _____

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

FOR OFFICIAL USE ONLY
Date Presented to the Mayor and Assembly: _____
Decision of the Mayor and Assembly:
Approved
Denied
Tabled for more information
Amount of Donation Approved: _____
Date Submitted to Finance for Processing: _____
Date Payment was processed: _____
Finance's Initial: _____
Resolution No: _____
(If Applicable)