

**Park Place - Underhill Avenue Block Association
Request for Grant**

Date: ____/____/____

Information about the Grant Recipient (Organization or Individual)

Name: _____
Address: _____
Organization Website: _____
Contact Name: _____
Contact Phone: _____
Contact Email Address: _____

Information about the PPUABA member presenting the request

Member Name: _____
Member Address: _____
Member Phone Number: _____
Member Email Address: _____

Information about the Organization or Project

Project Name: _____
Amount Requested: _____
Project Purpose: _____
Population Served (Demographic and Geographic): _____

How the grant will be used: _____

Organization or Project Description

PPUABA Use Only

Approved [] Yes [] No Amount approved: \$ _____