

Linn County Extension Association

Request for Funds Application Form

Applicant Information

Date of Application _____
Employee Name _____ Signature _____
Supervisor Name _____ Signature _____
Department _____ Phone _____

Request Details

AMOUNT REQUESTED \$ _____

Was this request a budgeted item? Yes NO If no, please explain (Required)

Summary of Request

Please provide a short description of the nature of your request (Attach additional info if needed):

Request title: _____

Description: (Please attach no more than 5 pages)

Include the following:

- Need
- Specific Activities
- Impact
- Budget

Approval Process (Internal Use Only)

€ Step 1 – Reviewed by Board Secretary Date _____
€ Step 2 – Reviewed by Board of Directors Date _____
€ Step 3 – Final Approval _____ Date _____

Amount Funded \$ _____