

Date received:  
ACE Approved:

# Alliance for Community Enrichment Funding Request Form

Name of Organization: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Co-sponsoring Organizations (if any): \_\_\_\_\_

Estimated number of attendees: \_\_\_\_\_

Breakdown of Expenses (including tech services):

Item	Quantity	Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total cost: \_\_\_\_\_

Total Amount requested from ACE: \_\_\_\_\_

Please attach a brief description

“I approve this request on behalf of the organization I represent”

\_\_\_\_\_

Organization President

