

Approve Diapprove Need More Information
DateInitial of Board Authority

Today's Date	Event Date	
Organization Name	Contact Name	
Full Address: City State Zip		
Email Address		
Funds Requested	Item(s) Requested	
\$Are Funds Spent Locally?	YES NO	
Number of people attending/benefiting from event		
How Kanokla will be recognized during event		
Event Description (use back of page with additional information if needed)		
Make Check Payable To		