



Town of Cahaj's Mountain

**Donation Request Review Form**

Date: \_\_\_\_\_

Requesting Organization's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person \_\_\_\_\_ E-mail \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax \_\_\_\_\_

Total Allocation Requested: \$ \_\_\_\_\_

Objective: *State the objective of the proposed project.*

\_\_\_\_\_  
\_\_\_\_\_

Alternative Funding Solutions: *List all possible funding alternatives.*

\_\_\_\_\_  
\_\_\_\_\_

Benefits of the Project: *Explain the impact of the donation on the project/organization.*

\_\_\_\_\_  
\_\_\_\_\_

**Council Use Only**

Reviewed by the Town Council on: \_\_\_\_\_

Action Taken:

- Approved
- Disapproved
- Additional Information Needed
- Other \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_