



P.O. Box 213
Tenino, WA 98589
360-999-8118

www.wssp.org

Funding Request Form

Event/Project description: _____

\$ Amount Requested: _____ Date(s) of event: _____

Expected number of participants: _____

What will the funds be used for? _____

Contact Person: _____

Address: _____

City, State, Zip _____

Phone: _____

Email: _____

Please return this form by October 1st for next year's funding.