

REQUEST FOR DDA ASSISTANCE, FUNDING OR PROJECT PARTICIPATION

Organization: _____

Contact Person: _____

Address: _____

Phone: _____ Email: _____

Description of request: _____

Total project costs, if applicable: _____

Amount of funding requested from DDA: _____

Office Use Only

Date Received: _____ DDA Agenda Dated: _____

Request/Project Approved: _____

Reasons: _____

