

**APPLICATION FOR ASSISTANCE THROUGH THE TPUD'S  
"DISTRICT INVESTMENT IN COMMUNITY ACTIVITIES POLICY"**

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

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_  
Number City State Zip Code

Telephone: \_\_\_\_\_  
(Business) \_\_\_\_\_  
(FAX) \_\_\_\_\_

Are you a nonprofit organization? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have liability insurance, and if so, please describe:  
\_\_\_\_\_  
\_\_\_\_\_

Describe the project you are requesting assistance for:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who will benefit from this project? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location of project: \_\_\_\_\_  
\_\_\_\_\_

Has your organization received any previous Community Investment assistance?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Is other funding available for this project, and if so from what source?  
\_\_\_\_\_  
\_\_\_\_\_

Approximate date project to be commenced: Starting Date: \_\_\_\_\_

<b>For District Use Only</b>
Estimated District Cost \$ _____
Approved _____
Completed: _____