

Village of Saranac Lake

39 Main Street, Suite 9 Saranac Lake, NY 12983-2294 Phone: (518) 891 - 4150 Fax: (518) 891 - 1324 Web Site: www.saranaclakeny.gov

FUNDING REQUEST FORM

Businesses and organizations seeking Village funding for special events or projects must complete and return this application, along with a statement letter on your organizations official letterhead. This request form must be submitted at least 6 six weeks prior to the event the funding will be used for.

Organizational Information:	rganizational Information: Date:		
Organization Name:			
Contact Name & Title:			
Address:			
Street	City	State	Zip
Phone #:	Not for profit? ☐ Yes ☐ No		
E-mail:	Is this a Fundraising event? ☐ Yes ☐ No		
Event/Program Information:			
Name of Event:			
Date(s) of Event:			
Is this the first time requesting fun	ds for this event?	☐ Yes ☐ No	
Has this event received financial su	ipport from other	sources? Yes	No
If yes, please list here:			
Amount Requesting:			
How many years has this event tak			
Location of event: (address, town, co	ounty)		
Website of Event/Organization(if a	pplicable):		

Description of Event:	
How will the requested funds be used?	

Submit completed form to clerk@saranaclakeny.gov or Village Clerk Village of Saranac Lake 39 Main St., Suite 9 Saranac Lake, NY, 12983

^{**}Please attach a draft budget for the event you are seeking funding for (if applicable)**