Friends of the River Valley Application Certification

To: Bo	oard of Friends of the River Valley:	
The ap	pplicant hereby give assurance that:	
1.	The activities and services for which assistance is sought will be ad under the supervision of the applicant;	ministered by or
2.	Funds received under this application will be used in accordance w	ith the request;
3.	The filling of this request has been authorized by the Board of Dire	ctors of the applicant
I,contai	, do attest that the interpretation is true and correct to the best of my knowledge	he information e.
Signat	ture of authorized representative of organization	
Name	(printed):	
Signat	ture:	
Title:		
Date:		

Friends of the River Valley Application Form

A.	Gl	ENERAL INFORMATION	
A	4.	Organization Name:	
E	3.	Year Organized:	
(Ξ.	Address:	
Ι	Э.	Telephone No.:	
E	Ξ.	Contact Person & Title:	
		Email Address:	
F	₹.	Tax ID# (if any):	
B.	SF	PECIFIC INFORMATION	
	(if	the space provided is insufficient, the following can be provided in ar	attachment)
A	٩.	Funding requested from Friends of the River Valley: §	
E	3.	What other sources of funding are you considering for this project? I	f none, why not?
(Ξ.	Use or program for which funding is being requested:	
Γ).	Expected measurable benefits:	

E.	Evaluation Method: How you will measure your results, (both qualitative and quantitative) and evaluate the impact your project will have in the community?
F.	How will you Involve those served – and other organizations in the Community – in your planning and implementation to broaden your base of support and to ensure appropriate and responsive service?
G.	How will you tell the community about the project and those being served?
Н.	Funding Continuation: Will the project need sustained funding support to succeed?
I.	How will you build collaborative Partnerships in your community to encourage shared ownership, participation, and ongoing project sustainability?