



P.O. Box 216 | Griffin, GA 30224 | 770-228-8200 | info@ingriffin.com

## Recurring Funding Request

Event/Group Name: \_\_\_\_\_

Group Contact Info: Name \_\_\_\_\_ Phone \_\_\_\_\_ email \_\_\_\_\_

Event Date: \_\_\_\_\_ Advertising Begins: \_\_\_\_\_

Purpose for Request \_\_\_\_\_

DATE:	Previous Actual Expenses	Previous Grant Amount Awarded	Upcoming Amount Requested

***Please attach an invoice for your requested amount.***

Reason for increase/decrease: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date Funds Needed: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_