

**Douglas County Cultural Council  
Application for Request of Discretionary Funds**

Date of Request: \_\_\_\_\_

Request for:   \_\_\_ Art Encounters                           \_\_\_ Training/Conference

      \_\_\_ Consultant/Facilitator   \_\_\_ Purchase   \_\_\_ Other Please specify:

Amount of Request: \$ \_\_\_\_\_           Total Cost: \$ \_\_\_\_\_

Organization: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

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For Art Encounters - refer to Art Encounters Request documentation

For all other Discretionary Funds Requests:

Describe the Purpose of this Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What other sources of funding will be used to support this activity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will it benefit your organization and the community: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who from the organization will participate:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Consultant/Organization: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I have read the Douglas County Cultural Council's Grant and Discretionary Funding Guidelines and agree to: use these funds for the above stated purposes; return funds if for any reason the event is cancelled or not attended; consider any tangible material obtained through this funding to be property of the organization; and will submit a brief Final Report as outlined in the SCFD guidelines.

Authorized Officer for the Organization: \_\_\_\_\_