



Maine Association of Planners Funding Request

Contact Information

Name of Organization

Name of Contact Person	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Event – Activity – Initiative Information

Date of Event, Activity or Initiative

Amount of Funding Requested

List ALL Funding Sources

Event Description

Summary of event/ activity/ initiative. Please address specifically the MAP Strategic Goals being met (Section B of Funding Policy)

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Agreement and Signature

Name	
Signature	
Date	

Our Policy

It is the policy of this organization to provide funding to qualifying organizations on a first come first serve basis. You may review our funding policy at the following website www.meplan.org