

12TH ANNUAL MARDI GRAS ON MAINSTREET
Funding/Gift Application
APPLICATION MUST BE RECEIVED BY OCTOBER 14, 2009

- Program/Organization Name: _____
- Address: _____
- Telephone: _____
- Principal Contact: _____
- Email: _____

- ☛ How much are you requesting: \$ _____
- ☛ Tell us about your organization/project or program (attach additional pages if needed);

- ☛ How long have you been serving the West Volusia community:

- ☛ How many employees do you have:

- ☛ How many volunteers participate in your organization or program:

- ☛ Approximately how many people are served by your program:

- ☛ How do you plan to use the funds requested (attach additional pages if needed):

- ☛ Please provide any additional information you feel is important for us to consider in evaluating your request (attach additional pages if needed):

- ☛ How will Mardi Gras on Mainstreet receive recognition or Publicity for its contribution/funding?
Please Describe:

- ☛ Please list any members of the Krewe of Amalee that are familiar with you or your program:

Send completed application to:

PO BOX 256
DeLand, FL
32721-0256

For more information contact:

Liz Jones (Mardi Gras on Mainstreet Chair):
386/822-0222

or visit our website:

www.dogparadedeland.com