



OF WEST PASCO INC.
P.O. Box 74
New Port Richey, FL 34656-0074

SPECIAL PROJECTS PROGRAM APPLICATION

Applicant Information (Please Type or Print)

Organization: _____

Address: _____

City: _____ Zip: _____

Telephone: (_____) _____ Fax: (_____) _____

Contact: _____ Title: _____

Certification

I certify that the information contained in the application packet, including all attachments and supporting materials, is true and correct to the best of my knowledge.

Name of Authorizing Official: _____

Title: _____ Telephone: (_____) _____

Signature: _____ Date: _____

Applications must be postmarked or sent through email to Paul Friedlander paul.friedlander@mytotaltitle.com by October 16, 2022 to be eligible for consideration. Late applications will NOT be considered for grant funding.

Grants will be presented at the November 10th meeting

Mailing Address:

***P.O. Box 74
New Port Richey, FL 34656-0074***

If you have any questions, contact Special Projects Paul Friedlander at paul.friedlander@mytotaltitle.com

★★★ Organizations submitting applications must be a registered 501c3 non-profit organization and current paid CSC Member to be considered for Special Project Grants ★★★

Project Information (For additional information, attach a separate sheet)

Project Title: _____

Project Objective: _____

Number of people expected to benefit from this project: _____

Amount Requested: _____ Start Date: _____ End Date: _____

Project Description: _____

Method of Implementation: _____

Funds Requested Will Be Used To:

Pay for an entire project

Finish a project already underway

Initiate a new project

Continue an on-going project

Total Cost to implement program \$ _____ Funds received from other sources \$ _____

Provide a budget detailing how grant funds will be used. Be specific, e.g. services, equipment, supplies, or etc.:
