



# *Lane County Human Rights Advisory Committee* **APPLICATION FOR FUNDS**

Any person or organization requesting Lane County Human Rights Advisory Committee endorsement must complete and **sign** this form and submit it to this Committee no later than the third Monday of the month **prior** to the event. Please review the Guidelines for Community Requests before filling out this application. Use additional paper, if needed. You will be provided with three minutes for a presentation to this committee. Please be as thorough as possible on the form and in the allotted time.

**Please note, if funding is approved, the Committee requires a follow-up report within one month of use. Recipients must submit a written report (forms are sent when funding is approved) or they may attend the next Committee meeting to present a brief verbal report.**

Amount available:  
\$250 maximum for events whose purpose is aligned with the HRAC's mission and goals

1. Date of funding request: \_\_\_\_\_ Date funding needed: \_\_\_\_\_  
Name/date of event: \_\_\_\_\_  
Event location: \_\_\_\_\_  
Brief description of event:

We are requesting:  funding     sponsorship     both

2. Amount Requested: \$ \_\_\_\_\_
3. Name(s) and address (es) of person/organization presenting request for funds:  
\_\_\_\_\_

4.
  - a. Description of organization, names of officers and/or board of directors:
  
  
  
  
  
  
  
  
  
  
  - b. Brief description of organization's history with human rights/civil rights activities.
  
  
  
  
  
  
  
  
  
  
5. What product or service is Lane County purchasing with these funds? How would this expenditure directly further the goals and objectives of this Committee? Specifically, how would the County organization benefit by spending this money?
  
  
  
  
  
  
  
  
  
  
6. Which Committee members are involved in this event or project, and what is their role?
  
  
  
  
  
  
  
  
  
  
7. Give a detailed budget description for funds requested (attach additional sheets, if necessary)
  
  
  
  
  
  
  
  
  
  
8. List other co-sponsors or funding sources and amounts received:

9. Is the event wheelchair accessible?  Yes  No
10. Will sign interpretation be available?  Yes  No
11. Will assisted-hearing devices be available?  Yes  No
12. Is the event being held at a facility on the Labor Council's Unfair Labor Practices List?  Yes  No
13. Is the purpose of the event to raise funds?  Yes  No
14. Contact person(s) and phone number(s): \_\_\_\_\_
15. If funding request is approved, in what name should the check be issued and where should it be sent?

**If this funding request is approved by the Human Rights Advisory Committee, the funds will be used to purchase the service or product described in this application and a written or verbal report will be provided to the Committee within 30 days. Additionally, your request may be approved for an amount less than you requested.**

\_\_\_\_\_  
Signature of person responsible for expenditure Date

PLEASE DO NOT WRITE BELOW THIS LINE

\_\_\_\_\_  
OFFICE USE ONLY

Committee Action:  Approved      Amount \$ \_\_\_\_\_

Denied

\_\_\_\_\_  
Date

By: \_\_\_\_\_