

Foothill Trails District Neighborhood Council
9747 Wheatland Blvd.
Shadow Hills, CA 91040
818.353.2000
www.ftdnc.org

Request for Financial Support

The purpose of this form is to aid the requester in making a funding/purchase request and assist the FTDNC Board in the consideration of the request. Please include any other documents, plans, drawings, photos, testimonials, petitions, etc that will further aid the Board in its decision process. In some instances you may be required to make a presentation regarding the request to the FTDNC Board at a General Meeting to discuss the request.

The Mission of the FTDNC is to preserve the rural, recreational, ethnically diverse, and environmentally sensitive nature of our area as an important low-density oasis within the city limits; and to acknowledge that the FTDNC comprises 3 of the few remaining horse keeping areas with in the entire city of Los Angeles.

Requestor Information

Requester's Name: Cris Hughes **Organization:** Foothill Trails District Neighborhood Council
Role in Organization: VPCOMM **Organization Tax ID#:** Not Applicable

Request Information

Amount of funding requested: \$150.00

Describe the spending plan for this endeavor. In instance of purchase request, please include competitive bids.

Per the request of the President; to purchase FTDNC Board approved name badges.

How will this expenditure benefit the Stakeholders of the FTDNC?

The Stakeholder will be able to recognize FTDNC Board Members and their position.

How will this project benefit the FTDNC in terms of Stakeholder Outreach?

The Stakeholder will be able to make the appropriate Board Member contact or reference as needed.

Please list the other attempts you or your organization has contacted or plan to contact for fundraising in the future.

Not applicable

Ethical Discloser

(Conflict of Interest)

The requestor must disclose any and all known potential financial gains either personal or for immediate/distant family members, friends, neighbors within 500 feet of you location, a member of FTDNC, organization where the requester or requestor’s family have a membership as well as the nature of the relationship with the aforementioned entities connected with this event. **Not applicable**

Verification and Signature

By signing this form, the requestor affirms that all information in the form is true and recognizes that the FTDNC board may deny/approve in full or partially approve the request after review by the FTDNC Budget Committee. The FTDNC board will make the final review and decision of the request.

Requestor’s Signature _____ **Date** _____
Title/Position: _____ **Phone#:** _____
Address: _____

Decision

FTDNC has voted to award \$: _____ and requests a follow up presentation detailing the results and the impacts of this funding on _____

FTDNC has declined to fund this project at this time.

Signature _____ Date _____
FTDNC President