



# Request for District Project Funds

Applicant's Name and Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number/Email: \_\_\_\_\_

Type of Organization/Non-Profit Number: \_\_\_\_\_

Requested Amount: \$ \_\_\_\_\_

Time-frame/Description of Intended Use and Benefit to the Community: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

	Yes	No
Improvement to County owned facility?	<input type="checkbox"/>	<input type="checkbox"/>
Fixed Asset?	<input type="checkbox"/>	<input type="checkbox"/>
One time Expenditure?	<input type="checkbox"/>	<input type="checkbox"/>
Have you requested or received prior funds?	<input type="checkbox"/>	<input type="checkbox"/>
Supporting Project Documentation attached?	<input type="checkbox"/>	<input type="checkbox"/>

### Initial the following line if you agree to the terms:

I have read and understand the District Project Funds Policy duly approved by the Merced County Board of Supervisors.

\_\_\_\_\_

I declare, under penalty of perjury, that all statements contained in this application and any accompanying documents are true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer to any question may be grounds for denial or subsequent legal action.

I also understand I am required to submit the District Project Funds Close-Out Form upon completion of the project.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed forms to the Merced County Board of Supervisors: 2222 M Street, Merced, CA 95340 (Third Floor)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Name of Supervisor)

## Board of Supervisors

**Rodrigo Espinoza**  
Supervisor, District One

**Lee Lor**  
Supervisor, District Two

**Daron McDaniel**  
Supervisor, District Three

**Lloyd Pareira**  
Supervisor, District Four

**Jerry O'Banion**  
Supervisor, District Five

**James L. Brown**  
County Executive Officer

Merced County  
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2222 "M" Street  
Merced, CA 95340  
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