



Request Date: _____

Contact Information:

Cincinnati Parks Advisory Council (CPAC)I: _____

Submitted by: _____ Title: _____

Email: _____ Phone: _____

CPAC Rep.: _____ Title: _____

Email: _____ Phone: _____

Project Information:

Project Title: _____

Project Date(s): _____

Project Description: (Please attach)

Grant Amount Requested: \$ _____ By (date): _____

Budget Details: (Please attach)

Print name of CPAC official: _____

Signature of CPAC official: _____