Request for Funding Support

Project Title				
Organization				
Project Manager				
Department				
Address				
Email				
Telephone				
Start Date (mm/yy)	End Date (mm/yy)	Total Cost	Requested Funding	
		\$	\$	
	SUE THE PROJECT? Y		THE REQUEST, WILL YOUR HAT SOURCE OF ALTERNATE	
	es, target population to be served		ion of benefits to District facilities, project be purchased, infrastructure affected, regional	
2) Attach an initial budget for			nel, travel, and first year operational costs.	
District funding. If seeking acquisition/implementation	ng financial support for maintena	nce and/or operational costs ould indicate the expected so	ource and allocation of future funding from: (i)	
	Attach a letter of support from your organization.			

Signature: Date:

Security District, 111 East Loop North, Houston, TX 77029.

District Administration will review your request and may follow up with further requests for information before submitting your request to the Board of Directors. Incomplete or non-conforming requests may be returned by the District to the requestor. Only the District's Board of Directors may approve or deny funding requests. Submission of a request does not guarantee project funding.

Submit this page, along with attachments and other supporting documentation, to the District's office at: Houston Ship Channel