ALL RISE OUTDOOR PROJECT INC.

FUNDING REQUEST FORM
Organizations must submit this completed form to ALL-RISE OUTDOOR PROJECT Incorporated to receive funding for a program or activity.

Name and mailing address of the org	ganization:
ALC: NO	The second secon
Program/Initiative Name:	Director/Key Staff:
	Director/rieg Dunit
	State of the latest and the latest a
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What is your mission statement?	
What target nonulation (age, demog	raphic, and location) does your program serve?
what target population (age, acmog	rupite, and tocation, does your program serve.

What need(s) do to access to the	you hope the program/act outdoors, combatting food	ivity will address (including but not limited insecurity, and urban farming)?
		Y The
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What are your g	oals and objectives for the p	program/activity?
How much fund	ing (dollar amount) are you	requesting? Please provide an itemized list
(e.g., materials,	equipment, food, day pass	es, memberships) on a separate page.
Signature		Date