

Christ Child Society of Atlanta Request for Funding Support

| Member Making Request: | |
|--|-----|
| Organization Name or Contact: | |
| Amount Requested: | |
| Member Email: | |
| | |
| Member Phone: | |
| | |
| Date of Proposal: | |
| Description of Request: (Please describe the need and include any historical informative regarding CCSA previous support if applicable in your request). | ion |
| | |
| | |
| | |
| | |

| Contact Information for Agency or Project Manag | ger Benefiting from | CCSA Funding or Services |
|---|----------------------|---|
| Name of Representative: | | |
| Title: | | |
| Email: | | |
| Phone: | | |
| | | |
| | | |
| | | |
| +++++++++++++++++++++++++++++++++++++++ | -+++++++++++ | +++++++++++++++++ |
| Presentation at CCSA Board Meeting | Date: | · |
| | | |
| Board Decision: | Approve | Deny |
| Approved with Amendments (see attached documents) | mentation): | |
| +++++++++++++++++++++++++++++++++++++++ | +++++++++++++ | +++++++++++++++++++++++++++++++++++++++ |
| To Be Completed by Board Member: | | |
| Account from where funds will be taken (ie: gene | eral operating fund) | : |