

Contingency Fund Application

Individual/Organization Name: _____ Date Submitted: _____

Contact Person: _____ Contact Phone Number: _____

(If you need extra space to answer these questions please attach a separate sheet)

1. Reason for Request (description of event or project for which money will be used:

2. Total Request Amount: _____

3. Breakdown of Planned Contingency Expenses (by category and dollar amount):

Approved/Not Approved For the amount of: \$ _____ Date: _____

EAC Chair Signature: _____

Comments: