

Community Contribution Application

	Date submitted			
Name of agency that will benefit from EWEB's support	Contact Name	Contact Name		
Street address, City, ST, ZIP Code	Website			
Primary phone number Other phone number	Email address			
Is your agency a registered tax exempt entity?	Yes, Tax ID No.	No		
Is your agency located in or does it primarily serve commu	Inities within the EWEB service area? Yes	No		
Please describe your request: (Attach sponsorship lev	vel information if available):			

Name of event, program or activity

Event Date

Event Location: Street address, City, ST, ZIP Code

	Please describe how the mission of	our agency aligns with EWEB's Community	y Investment focus area(s)?
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Is this an annual event?	Yes	No		
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Has EWEB provided support to you or your affiliates in the past, if yes, please describe:

Who is the target audience for your event, program or activity? How many people are expected to participate? Is the event open to the public?

Any other information you would like to share can be provided here or attached.

Please list EWEB staff members who were contacted regarding this request or are actively involved in your agency:

Name

Date

Name	Date	
Return this form and supporting document to: EWEBCares@EWEB.org	For Internal Purposes	
	Date Received:	
or mailed to: Eugene Water & Electric Board	Approved Denied	
Public Affairs PO Box 10148 Eugene, OR 97440	Comments:	
	Date Acknowledged:	
	Ac knowledged by:	