

Request for VAPDA Contribution or Sponsorship

Name of requesting entity _____
Mailing address _____

Telephone _____
Email _____

Name and address where
the check is to be sent _____

Amount requested _____

This request is for a: project event other (specify) _____

Please describe the request.

Is the project/event a statewide activity? yes no Explain: _____

How will VAPDA benefit? (How does the project/event related to Regional Planning Commission performance measurers and/or deliverables?)

Does the project/event provide a positive promotional benefit to VAPDA? Describe.

By when will the contribution be used? _____

Is this a recurring event? yes no How often? _____

Are RPCs involved with the requesting organization on an individual or member level?

yes no How? _____

Requester Signature

Date

Approved by VAPDA

Date