1006 Calloway Dr., Suite B
Bakersfield, CA 93312
By Appointment: Tues/Wed/Thurs • 10:30 am-2:30 pm
Website: dssfgiving.org
Email : glen@dssfgving.org or dcr@dssfgiving.org
Phone: **661-326-0603**

DSSF Event Funding Request Form

Please fill in form completely and attach supporting documents
All event request forms must be submitted via email to glen@dssfgving.org or dcr@dssfgiving.org
The DSSF board reserves the right to approve or deny as they feel necessary.

Date of Funding Request: _____ Date(s) of Event: _____ Amount Requested: _____

Organization: _____

Committee or Group(s) to benefit (if different than above):

_____

Event Name: _____ #of anticipated Participants_____

Location of the Event: _____

Requested by: _____

Approved by Tomas Cubias, Chief Equity Officer _____Date_____ **Income/Expenses:**

- Please fill out and attach the DSSF Sample Budget form (located on DSSF website).

Estimated Expense: $_____ Estimated Income: $_____

Insurance Required: ☐ yes ☐ no

Event Contact Name(s): _____

Contact Phone Number(s): _____ and/or _____

Make check payable to: _____

Mailing Address: _____

Board of Directors Use Only: Date: _____ Amount: _____

Conditions or other information regarding Event: _____

_____

DSSF Board Member Signature: _____ Date: _____