

2024 PIONEER SQUARE INSPIRATION FUND

APPLICATION FORM

Business, organization, or individual name:

Address:

Contact Person:

Email:

Phone:

Proposal

Please attach a one to two page, typed, proposal providing the following information:

- Proposal name
- Brief description of your proposal
- Goal(s) of your proposal
- If this is an event, specify date and time
- How will your proposal benefit the Pioneer Square neighborhood?
- How will the public participate or benefit?
- Will your project be ADA accessible?

What other businesses/organizations/individuals will be involved in your proposal? What are their roles? If applicable, how long will your proposal be active? Provide any necessary supplemental materials to support your proposal (i.e. photos, drawings, material lists, etc.)

Funding request \$_____

Budget:

Please fill out the information below and attach a detailed budget on a separate page outlining specific expenses (i.e. materials, labor, staffing, etc.).

- Revenue
 - Inspiration Fund \$ _____
 - Match: \$ _____ (including in-kind or volunteer hours)
- Expenses

- TOTAL \$ _____ (taken from attached detailed budget)

Terms and conditions

I hereby certify that, to the best of my knowledge, the information provided in this application is accurate and complete. If our business or organization receives a grant, we agree to the conditions set out below and to any conditions approved by the Pioneer Square BIA at the time the grant is awarded.

- Applications must be submitted on the application form. At the discretion of the BIA, incomplete applications or applications submitted in any other format may be delayed or refused.
- In the event funds are not used in-part or in-full as indicated on the application, funds must be returned to Pioneer Square BIA.
- In the event changes are made to awarded proposals before implementation, written notification must be forwarded prior to the change to the BIA.
- The Pioneer Square BIA and Pioneer Square brand will be used to recognize the contribution of the BIA.
- *Enter an indemnity clause – something about liability/risk*

Signatures

By signing below, I acknowledge I have fully read and understand the policy conditions and agree to be bound by them and that the information submitted is true and correct to the best of my knowledge.

Signature – name and position – date – phone - email