



14278 Henry Ruff • Livonia, MI 48154
www.saveouryouthtaskforce.com

Request for Funding

Organization Name _____

Contact Person _____

Contact phone _____ Email _____

Purpose of requested funding _____

Describe how the funds will be used – include such things as whom this will impact, how it fits our mission statement, and what the expected outcomes are:

Amount requested _____

We would like to form new partnerships in the community and know the outcome of the event/project if we choose to help fund it. How will you engage with the Livonia Save Our Youth Task Force and share that information with us?

Applications are reviewed on a monthly basis. Please submit electronically or to address above.