



COPA SPECIAL ACTION FUND INC.
APPLICATION FOR FUNDING

Project # - _____

Date of Request: _____

Amount Requested: \$ _____

Reason for Request: _____

Other Information: _____

Is Applicant a COPA Member: Yes ____, No ____, COPA Membership # _____

Is Applicant a Commercial Enterprise : Yes ____, No ____.

When Funds are Required: _____

Estimated Completion Date: _____

Agreement: COPA agrees that funds received from the Special Action Fund (SAF) will in all circumstances be expended by COPA only for the purposes of this request and only in accordance with the Memorandum of Understanding in place between COPA and the Special Action Fund.

Request submitted by : _____

Project # - _____

Conditions attached to SAF Committee recommendation:

Project recommended by SAF Committee- Date - _____

Signed: _____
Chairman, COPA Special Action Fund Committee

Conditions attached to COPA Board recommendation:

Recommended for Approval by the COPA Board Date - _____

Signed: _____
Chairman or Secretary, COPA

Conditions Attached to SAF Approval: _____

Signed: _____
Chairman or Secretary, COPA Special Action Fund