**Safe Parking Network – Partner Site Application for Funding**

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| 1. **Name of Site Owner** | 1. **Amount Requested** | 1. **Date of Request** |
|  |  |  |
| 1. **Address of Site** | 1. **Contact Information** | |
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| 1. **Attach documentation or describe status for each item below** | Check if complete |
| 1. Description of site capacity and features (number of vehicles/persons; access to bathrooms, handwashing, dumpster services; food/meals; volunteers on site) |  |
| 1. Proof of premise liability |  |
| 1. Notification of local law enforcement |  |
| 1. Security plan |  |
| 1. SPN agreement and other client expectations (e.g., number of days permitted, hours of operation, point of contact at the site, etc.) |  |
| 1. Other intake or assessment forms |  |
| 1. How requested funds will be used |  |

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| 1. **Signatures and Approval** | **Date** |
| Site owner/management: |  |
| SPN management: |  |
| Date project/funds approved by SPN Committee |  |