

Has Erie Insurance been involved with your organization in any way?

Yes

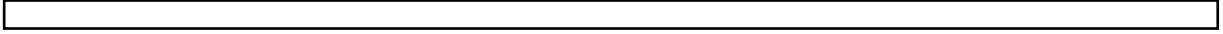
No

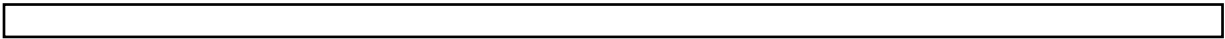
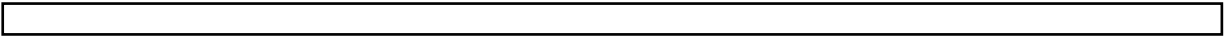
If Yes - Please explain the relationship

If Yes - Identify any Erie Insurance Employees or Agents who serve as volunteers or Board members of your organization:

Request Overview

Project Name: _____
Annual Budget for Your Organization: _____
Project Budget: _____
Amount Requesting: _____
Project Beginning Date (dd/mm/yyyy): _____
Project Ending Date (dd/mm/yyyy): _____
Date Funds are Needed: _____





Briefly describe your plan for evaluating its success.

List specific media opportunities or ways that Erie Insurance will be recognized:

List other community partners you will work with to ensure the success of this project. If none, enter N/A

