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

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| 1. **Name of Site Owner**
 | 1. **Amount Requested**
 | 1. **Date of Request**
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| 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)
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| 1. Proof of premise liability
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| 1. Notification of local law enforcement
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| 1. Security plan
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| 1. SPN agreement and other client expectations (e.g., number of days permitted, hours of operation, point of contact at the site, etc.)
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| 1. Other intake or assessment forms
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| 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  |  |