



PALOS VERDES HOMES ASSOCIATION

320 Palos Verdes Dr W
Palos Verdes Estates, CA 90274
(310) 373-6721

REQUEST FOR FINANCIAL SUPPORT OF COMMUNITY PROJECTS

Project Sponsor _____

Contact Name _____ Phone _____ Email _____

Contact Name _____ Phone _____ Email _____

Project Description: *(attach drawings)*

Project Location: *(attach maps)*

Project Estimated Costs: *(attach copies of bids)*

Total pledged by supporters *(attach names & amounts)* \$ _____

Amount pledged by City Council *(attach copies of minutes)* \$ _____

Amount requested from PVHA \$ _____

Projected Start Date _____ Projected End Date _____

FOR OFFICE USE ONLY

Board Action: _____

Date Presented to Board: _____

Representatives Present: _____

Board Decision: _____
