

TOBACCO SETTLEMENT REVENUE OVERSIGHT COMMITTEE

TOBACCO SETTLEMENT REVENUE (TSR) FUNDING REQUEST

Name of entity requesting TSR funds: _____

Name(s) of each program for which TSR funds will be used: _____

Description of each program, including its purpose: _____

Have you requested TSR funds prior to this request? Yes No

Have you received TSR funds prior to this request? Yes No

If yes, in what fiscal years? _____

What will you use the requested funds for? Please include goals and objectives.

Is this a change from previous years' use? Yes No

If yes, please describe the change and reason(s): _____

Amount requested (Total amount, and amount for each program):

What other sources of funding are applied to this purpose?

Name, title, telephone, email and mailing address of contact person:

Date: _____