

# Palm Beach County League of Cities Advocacy Grant Program Application

## For Elected Officials and Municipal Chief Administrator Applicants

*Please respond to the following questions and provide ALL requested documentation.  
Incomplete Applications will not be processed. Attach additional sheets as necessary.*

**Name:**

(Last)

(First)

(Municipal Title)

**Address:**

**E-mail address:**

**Telephone:** (     )

**Cell phone:** (     )

**Municipality:**

(Name)

(Address)

(Superior/Contact Person)

(Emergency/Contact Phone)

**What issue(s) will you advocate on?**

**What are your interests?**

**Event Information:**

(Name)

(Location)

(Date(s))

(Anticipated Expenses and cost)

**Requirements:**

(Date you took the Advocacy Training)

(Please provide required policy committee dates)

**I hereby agree to all of the requirements of the Palm Beach County League of Cities Advocacy Grant Program.**

Applicant signature \_\_\_\_\_

Date \_\_\_\_\_

\* Applicants indicate if your organization will be assisting funding your trip: \_\_\_ Yes \_\_\_ No *if yes, please provide the amount or percentage along with the signature of the person authorizing your trip.* \_\_\_\_\_

Municipal Authority Signature \_\_\_\_\_

Date \_\_\_\_\_