



**CITY OF NEW RICHMOND
APPLICATION FOR
NONPROFIT AND
INTERGOVERNMENTAL AGENCY
ASSISTANCE**

ORGANIZATION:

ADDRESS:

CONTACT NAME:

TELEPHONE NUMBER:

PLEASE DESCRIBE THE PROJECT FOR WHICH YOU ARE REQUESTING ASSISTANCE:

ESTIMATED PROJECT DATE:

By signing this agreement, applicant agrees to reimburse the City for labor and equipment services as billed.

Applicant Signature

Date

The following information is to be completed by City Staff:

Equipment Needed:

Estimated Cost:

Staff Needed:

Hours:

Estimated Cost:

Total Estimated Cost*:

** This is an estimate only; final cost will be calculated and billed after completion of project. **

APPROVED: PUBLIC WORKS DEPT

By _____
Title

Date

Rec # _____ Date _____