

Arkansas Basin Public Education, Participation, and Outreach (PEPO) Funds Request Form



Thank you for your interest in obtaining funds from the Arkansas Basin Public Education, Participation, and Outreach (PEPO) section of the Arkansas Basin Roundtable. Meeting the education and outreach needs of our basin is important to us. This form will serve as a formal request for funds which will first go through PEPO's screening process. After PEPO has reviewed your project, this form will be shared with the Arkansas Basin Roundtable Executive Committee for further review. Please note that funds will not be distributed to entities hoping to receive money for food or drink items. The funds must go directly to education and outreach tasks. Please attach the following with your request: Budget, timeline, and project scope of work with careful attention to the specific tasks you will need financial assistance with. After funds have been utilized, all receipts will accompany a final report of the event and turned into the PEPO Coordinator *within 30 days* after completion.

PEPO Coordinator: Amber Weber, arkbasinpepo@gmail.com, 719-688-9941

Funds Award: Please allow at least *6 weeks* for the final approval to be given to your project.

Name of Organization: _____

Address of organization: _____

Contact Person: _____ **Position:** _____

Phone Number: _____ **E-mail:** _____

Amount Requested: _____ **Date of Project:** _____

Project Partners: _____

Project Timeline: *(May be attached if there is a more formal document.)*

Please provide a summary of the entire project. *(May be attached if there is a more formal document.)*



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WATER FUTURE



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Lined area for text entry.

How will the requested funds be utilized for education and outreach purposes within this project?

Lined area for text entry.

How will this project help reach the Arkansas Basin BIP goals as well as the state-wide education goals?

Lined area for text entry.

Signature: _____

Date: _____



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-----For PEPO Coordinator Use Only: -----

Date Received: _____ Coordinator Received: _____

Notes:

Approved: _____ Denied: _____

Rationale:

Signature: _____

