



**COMMUNITY USE OF PUBLIC FACILITIES  
REQUEST FOR SUBSIDY**

**A separate form must be completed for each program/activity.**

Organization Name: \_\_\_\_\_

Representative Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Nos. \_\_\_\_\_(work) \_\_\_\_\_(home) \_\_\_\_\_(cell)

Does your organization have an IRS 501(c)(3) designation? If so, please attach documentation.

Purpose of Use: \_\_\_\_\_

How are your participants identified/recruited? \_\_\_\_\_

Are participants charged any service or materials fee? Yes \_\_\_ No \_\_\_  
If so, how much? \_\_\_\_\_

Are program/activity leaders or instructors paid a fee? Yes \_\_\_ No \_\_\_  
If so, how much? \_\_\_\_\_

Dates of Use requested: \_\_\_\_\_

School Preferences: \_\_\_\_\_(1<sup>st</sup> choice)  
\_\_\_\_\_ (2<sup>nd</sup> choice)

Hours of Use: \_\_\_\_\_ No. of Rooms Requested \_\_\_\_\_  
**(Please note that only classrooms may be used and use is limited to weekdays.)**

Submit this completed application no later than June 1 to:

Office of Community Use of Public Facilities  
600 Jefferson Plaza, Suite 300  
Rockville, MD 20852

Questions? Call us at 240-777-2706. Fax: 240-777-2707

*You will be notified by July 1 of the status of this request. Decisions are final.*

**Please note that funding is available only if a county general fund contribution has been appropriated in Community Use of Public Facilities annual operating budget.**