

PMEA March 2020

Public Power Services Program Request for Project Funding

Name of Contact:				
Borough:				
Address:				
City:		State:	Zip:	
Phone:		E-mail:		
Scope of Project: (briefly describe scope of project for which funding is requested)				

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Partner Provider(s) Requested				
•				
Estimated total budget and amount requeste	ed:			

Please return to PMEA via e-mail to **bosak@papublicpower.org**, or via mail to **1075 Pebble Ct., Mechanicsburg, PA 17050**. Please retain a copy for your records as well.

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