Facility Host Agreement

This document confirms the below listed facility/venue has agreed to serve as the program location for your project (pending funding approval).

Applicant Name: _____

Program Title: _____

Program List Date(s): _____

_____

_____

Number of Programs: _____

Tentative Participant Numbers by Program: _____

Facility Event Lead Name: _____

Facility Event Lead Email: _____

Facility Name: _____

Facility Address: _____

_____

Facility Space (If applicable):_____

Notes:_____

Facility Contact Signature: _____ **Date:** _____

Applicant Signature: _____ **Date:** _____

This form is not a contract. Instead, it serves as a confirmation that the facility is aware of the proposed program and is willing to host it should the application be selected.

Updated 11/2026