



A TRADITION OF GIVING

CHARITABLE CONTRIBUTION REQUEST

NAME OF ORGANIZATION: _____ DATE PREPARED: _____

Principle Office Contact Information

Executive Director _____ Email _____

Street _____

City _____ State _____ Zip _____ Phone Number _____

Has your organization qualified as a nonprofit, tax deductible entity under the United States Internal Revenue Code 501(C)(3)?

Yes No If "NO", please enter application date _____

Requested Grant Amount

Total Amount Requested: \$ _____ Is this amount for one fiscal year? Yes No If "NO" for what period? _____

Please give a **short** summary of what you plan to use the funds for. *(Detailed information should be provided in attachments.)*

Are there naming opportunities associated with the funds you are requesting? Yes No

If "YES" please explain? _____

Finances

Organization's fiscal year: _____ / _____ to _____ / _____ (MM/DD-MM/DD)

Total revenue received last fiscal year: \$ _____ Total gov't revenue received last fiscal year: \$ _____

Total United Way revenue received last fiscal year: \$ _____ Percentage of revenue utilized for program services: % _____

If below 90%, please explain: _____

Primary source of funding _____

Total expenditures last fiscal year: \$ _____ How else do you raise money? _____

Additional Information

In addition to the above, please include with your request the items listed in the Required Documentation portion of the Guidelines and Procedures.

I HEREBY CERTIFY THAT THE AFOREMENTIONED AND ENCLOSED INFORMATION IS COMPLETE AND ACCURATE

Signature: _____ Date: _____

Printed Name: _____ Title: _____