



FUNDING REQUEST

Organization Information

Full Legal Organization Name

Street Address

City

State

Zip Code

Organization Website

Contact Person

Title

Phone Number

Email Address

Does your organization hold an active 501(c)3 designation with the IRS?

Yes
No

Tax ID #

Has this organization received funding from the Foothills Club of Tucson before?

Yes No

If YES, when and what dollar amount?

Program/Service/Event Information

Program/Service/Event Applying for:

Total Cost of Program

Funds Requested

Program Date

Will you accept partial funding? Yes
No

How many children will benefit from this program?

Total funds toward Program/Service/Event received from other donors to date:

Is there a fee associated with this program?

Yes No

If YES, please provide details:

Does this program require volunteers?

Yes No

If YES, in what capacity?

Do our club members have an opportunity to participate in this program or event?

Yes No

If YES, in what capacity?

Organizational Mission Statement 350 characters or less):

Please provide a brief summary of how the Foothills Club of Tucson funding will be used:

****ON A SEPARATE PAGE (2 PAGES MAX), PLEASE PROVIDE A MORE DETAILED SUMMARY OF THE PROGRAM/SERVICE/EVENT FOR THIS GRANT REQUEST.****

Please list all the ways the Foothills Club of Tucson will be recognized for their funding. (Proof of recognition must be sent to our Giving Chair. Examples: FaceBook/Website, Newsletters, etc.)

Organizations Total Annual Fiscal Budget

List the top 3 donors and their contributions to your organization during the last fiscal year:

Donor	Amount
Donor	Amount
Donor	Amount

Is there a Foothills Club of Tucson member sponsoring your application? Member Name:

****PLEASE ATTACH YOUR MOST CURRENT FINANCIAL STATEMENT AND W9 FORM****

I certify that the information in this application is true and correct to the best of my knowledge.

Signature: _____

Date:

Print Name:

Title:

Foothills Club of Tucson Use Only

Date Application Received:

Committee Review Date:

Board Review Date:

Funding Awarded

Yes

Amount:

No

Check #

Check Date

Follow-up Date with Organization

Chairperson Signature: _____

Date: