FUNDING REQUEST APPLICATION

ORGANIZATION NAME: _____

MAILING ADDRESS: _____

CITY: _____ **ZIP:** _____

CONTACT PERSON: _____

TELEPHONE: (day) _____ **(evening)** _____

E-MAIL: _____

AMOUNT REQUESTED: $ _____ **FEDERAL EIN:** _____

ORGANIZATION'S IRS CLASSIFICATION: □ **501(c)(3)** □ **501(c)(4)** □ **Other** _____

NAME AND PURPOSE OF PROJECT: _____

_____

_____

_____

Required Signatures

We certify that the attached proposal has been discussed and approved by the decision-making body of the organization and that all information contained herein is accurate. Should we receive funding from the East Aldine Management District, we agree to abide by any stipulations or restrictions on the use of funds, provide any required reports on request, and complete projects on a timely basis.

_____

Printed Name & Title *Signature* *Date*

_____

Printed Name & Title *Signature* *Dat*

PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION FORM:
W-9, most recent 990, copy of IRS determination letter
Written authorization from school district if project involves school students or school properties

PROJECT DESCRIPTION

INSTRUCTIONS: Please answer the following questions as completely as possible, explaining how your organization's project is compatible with the District's annual plan and demonstrating how it satisfies some of the characteristics described in Item #8 of the *Policies and Procedures for Grants* information sheet provided with this application form. You may attach additional pages if necessary.

1. What project(s) does your group plan to implement?

2. Describe specific steps that you will take to carry out your proposed project and activities.

3. Who will be involved with the project? How will your group involve other residents and/or organizations? List the names of other groups or organizations you are currently working with or plan to work with.

4. How will you know that your proposed project and activities are successful? Briefly describe how you will evaluate success. Tell us who from your group will be responsible for providing information that may determine the success of your proposed project and activities.

5. Are there other projects or issues you are planning to address this year? ☐Yes ☐No
   If so, please describe.

6. Are there any fees charged for participating in the program or event? ☐Yes ☐No
   If so, please describe.

PROJECT BUDGET WORKSHEET

Describe the project costs and resources, including funds or in-kind (donated) services, you plan to use. ***For example, list costs for supplies, equipment, outreach activities, mailing and income such as membership dues, contributions, or donated items. *if you have a detailed budget, please attach.***

PROJECT COST

Type of Cost	**Amount**
1. Providers (Teachers, Instructors, Coaches)_____	$_____
2. Materials/Supplies_____	$_____
3. Equipment_____	$_____
4. Food/refreshments_____	$_____
5. Prizes/incentives_____	$_____
6. Marketing Materials (flyers, etc…)_____	$_____
7. Volunteers_____	$_____
8. Other cost (please specify)_____	$_____
Total Project Costs	**$ _____**

PROJECT INCOME

Income *(Source: Cash or in-kind)*	**Amount**
1. Amount requested from the District	$ _____
2. Funds from organization _____	$_____
3. In-kind_____	$_____
4. Volunteer time_____	$_____
5. Funds from other organizations_____	$_____
6. Other income (please specify)_____	$_____
Total Project Income	**$**_____

*** Total Project Costs should be same as Total Project Income.**

For EAMD Staff Only
Referred to: ☐ **CDC** ☐ **EAAC** ☐ **HECE** ☐ **Other**
Date Application Received: