

Altrusa International, Inc of Centre County 5 Alive Fund Application

Before completing this form, please review the Guidelines to determine whether your organization qualifies for funding consideration.

Organization Data			Date
NAME OF ORGANIZATION		TELEPHONE	
CONTACT NAME		FAX NO.	
ADDRESS (Number, Street, City, State, Zip)		EMAIL ADDRESS	
DATE OF INCORPORATION	FISCAL YEAR	NUMBER OF EMPLOYEES	NUMBER OF VOLUNTEERS

GEOGRAPHICAL AREA SERVED _____

Number of persons served by the program for which support is requested _____

New Program _____ Special Project _____ Establish Program _____ (check one)

AMOUNT REQUESTED \$ _____ TOTAL AMOUNT OF PROGRAM \$ _____

Estimated Program/Project Completion Date: _____

ORGANIZATION MISSION: _____

Program Request *(must be completed)*

1. DESCRIPTION OF PROGRAM/PROJECT FOR WHICH FUNDING IS REQUESTED (Limit to space provided) Supporting material may be attached.

2. BRIEFLY DESCRIBE HOW THE REQUESTED FUNDS WILL BE USED

3. IS THIS PROGRAM A COLLABORATIVE EFFORT? IF SO, PLEASE DESCRIBE.

4. OTHER CORPORATE AND FOUNDATION SOURCES BEING APPROACHED FOR FUNDING (Please identify commitments received):

Name & Title of Chief Executive Submitting Application

Signature

Date

Name & Title of Chief Volunteer

Signature

Date

This application must be accompanied by one copy of the organization's most recent:

- Board of Directors' list with addresses and telephone numbers
- Letter of determination as a 501(c)(3) not-for-profit, if applicable
- Annual Report, if available
- Please forward to Tammy Gentzel, Recording Secretary, gentzel.tammy@gmail.com

FOR USE BY 5 ALIVE COMMITTEE:

Approved: Yes _____ No _____

Additional Information Needed: _____

Recommendations: _____

Date: _____

Committee Chair Signature

Date presented to Board of Directors _____

Approved: Yes _____ No _____

Date presented to Members _____

Approved: Yes _____ No _____