

Date: / /

Your Name:

Address:

Email:

Phone #:

Who will be the potential grantee of your charitable request? (Check all that apply)

- ☐ Me and/or my family ☐ A US armed forces veteran
- ☐ An individual / family in need ☐ An independent or underfunded initiative

What is your relationship to the potential grantee?

Name of potential grantee:

Gender:

Age / Date of Birth:

Would you describe the potential grantee as:

- ☐ American Indian / Native American ☐ White / Caucasian
- ☐ Asian ☐ Pacific Islander
- ☐ Black / African American ☐ Other
- ☐ Hispanic / Latino ☐ Prefer not to answer

Which of the following best describe what you would like to accomplish with this request?
(Check all that apply)

- ☐ Raise Awareness ☐ Inspire ☐ Activate community for a cause
- ☐ Solicit Charitable Donations ☐ Request Volunteers ☐ Other (Please Explain)

Is the potential grantee of this charitable cause suffering from some sort of medical condition?

☐ Yes

☐ No / Not applicable

If yes, what condition: **If 'yes', please be prepared to submit a valid doctor's diagnosis*

Provide a reference (medical professional / staff / etc.) that can verify the potential grantee's situation.

Reference Name:

Relationship of reference to potential grantee:

Reference Phone #:

Charitable Donations **Fill out only if you are soliciting charitable donations.*

Have funds been raised for this cause already?

☐ Yes

☐ No

If 'yes', how much has been raised in donations already and through which channels?

What is your monetary goal? (Dollar amount)

What will the donations be used for? (List all items and a \$ amount for each)

Item	Cost
1:	
2:	
3:	
4:	
5:	



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