



foundation

GRANT REQUEST APPLICATION

Applications **MUST** be received by **11/01/2016**

The mission of the Pensacola Sports Association Foundation, Inc. (the "Corporation") is to support that part of the mission of Pensacola Sports that focuses on the development, education, promotion, and recognition of youth sports, amateur sports, scholar athletes, and athletic excellence in the Greater Pensacola Area.

ELIGIBILITY

What is the organization's IRS designation? _____ (include copy of IRS determination letter with your application)

To receive a grant from the Pensacola Sports Association Foundation applicants must be located in or service Escambia or Santa Rosa counties in the State of Florida. Applicants must operate without illegal discrimination on the basis of race, religion, gender, sexual orientation, age, national origin or disability.

(please print)

Organizations Legal Name: _____

Organizations Name: _____
(DBA if different than the above name)

Executive Director: _____

Board of Directors Chairman: _____

Contact Person (Name): _____ **Email Address:** _____

Website (if applicable): _____ **Contact Phone:** _____

Mailing Address: _____

street

City

State

Zip

The organization listed and its Board of Directors, authorize submission of this funding proposal. We certify that, to the best of our knowledge, the statements contained in this application are true, correct and complete.

Executive Director:

Chairman of the Board of Directors:

Signature _____

Signature _____

Print _____

Print _____

Date _____

Date _____

INCORRECT OR INCOMPLETE APPLICATIONS MAY BE REJECTED

Return grant request to:
Pensacola Sports Association Foundation
P.O. Box 12463
Pensacola FL 32591



ORGANIZATION INFORMATION:

Name of Organization: _____ Year Founded: _____

Brief Summary of Organization's History: _____

Organization's Mission Statement: _____

Geographic Area Served: _____ Number of Directors on Board: _____

**Attach a current list of your organizations Board of Directors*

Percentage of Directors who contributed financially to the organization in the last 12 mo. _____

Number of Employees: _____ Full-time: _____ Part-time: _____

Total budget of event or program: _____

Are you requesting funds from other sources? () No () Yes If YES please explain _____

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YOUR NON-PROFIT ORGANIZATIONAL BUDGET

Estimated 2017	2016	2015
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BEGINNING CASH BALANCE:

REVENUES			
Government grants <i>(specify)</i>			
Government contracts <i>(specify)</i>			
Foundations			
Corporations/Businesses			
Civic or Community Groups			
United Way			
Individual Contributions <i>(excluding Board of Directors)</i>			
Board of Directors Contributions			
Fundraising Activities <i>(events)</i>			
Membership Income			
In-Kind Support			
Investment Income			
Endowment Earnings			
Earned Income			
Other <i>(specify)</i>			
Total Revenue			

ORGANIZATIONAL EXPENSES/COSTS:

Salaries and Wages			
Employee Benefits and Taxes			
Consultants and Professional Fees			
Fundraising Costs			
Travel			
Equipment/Supplies/Printing/Copying			
Communication <i>(phone, fax, website)</i>			
Postage and Delivery			
Rent and Utilities			
Marketing and Promotion			
Depreciation			
Other <i>(specify)</i>			
Total Expenses			
ENDING CASH BALANCE:			

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