



COMMUNITY GRANT REQUEST APPLICATION

INCORRECT OR INCOMPLETE APPLICATIONS MAY BE REJECTED

The purpose of the community grant is to support that part of the Pensacola Sports mission that focuses on the development, education, promotion and recognition of youth sports, amateur sports and athletic excellence.

ELIGIBILITY

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

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

Organizations Legal Name: _____

Organizations Name: _____

(DBA if different than the above name)

Executive Director: _____

Board of Directors Chairman: _____

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

Website: _____ **Contact Phone:** _____

Mailing Address: _____

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/President:

Chairman of the Board of Directors:

Signature

Signature

Print

Print

Date

Date

Return grant request to:

*Pensacola Sports
1000 College Blvd
Building 24
Pensacola FL 32504
info@pensacolasports.org*

ORGANIZATION INFORMATION:

AMOUNT OF THIS REQUEST: _____

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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SPECIFY YOUR REQUEST FOR FUNDING

Limit project narrative to (two) pages. Attach additional pages if needed.

Please include the following:

- Target population
- Goals (what do you hope to accomplish)
- Activities (is there a long range goal, what activities will these funds provide)
- Information (what cost estimates have you received, please include a copy with your application)
- Evaluation (how will you measure your results)
- Budget for this specific project
- Other funding sources (if your request requires additional funds to complete your project goal)
- Sustainability

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YOUR NON-PROFIT ORGANIZATIONAL BUDGET

| | Estimated 2023 | 2022 | 2021 |
|--------------------------------|-------------------|------|------|
| 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: | | | |