

**FAIRFIELD GLADE LADIES CLUB  
REQUEST FOR GIFTING**

**ORGANIZATION INFORMATION**

AGENCY NAME \_\_\_\_\_

PHYSICAL LOCATON: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

IRS TAX ID NUMBER: \_\_\_\_\_

PHONE FOR GENERAL PUBLIC: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

YEAR ORGANIZATION WAS FOUNDED: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

BEST PHONE NUMBER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

Provide your mission statement or statement of purpose

**NON-PROFIT STATUS CONFIRMATION**

Provide the most recent IRS Form 501(c)(3) letter of determination (required)

Provide the most recent IRS Form 990.

If your organization is not required to file a 990, please provide the most recent copy of your full financial statement. (Balance Sheet & Income Statement)

**CONNECTION WITH FAIRFIELD GLADE LADIES CLUB**

Has the organization received a Fairfield Glade Ladies Club Gift in the past? Yes No

If no, please list three references from outside your organization who have knowledge of our programs and this request.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**ORGANIZATION FUNDING SOURCES**

- Describe how gift will be used.
- How much is your request from Fairfield Glade Ladies Club?
- List other Funding sources

**ORGANIZATION SERVICE AREA**

- Provide counties served and numbers served in those counties \_\_\_\_\_

**CERTIFICATION**

I certify that the information provided in this application is accurate to the best of my knowledge.

I certify that the organization is in full compliance with any non-discrimination policies, licenses, and local, state, and federal filings.

Preparer Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Board Member Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Director/President/CEO Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

## DISCLOSURES

The Fairfield Glade Ladies Club reserves the right to adjust the amount awarded to any organization without prior notice. Organizations will be notified of the funding decision via e-mail. All funding decisions are final. If an organization is selected to receive funding, checks will be delivered in person by appointment confirmed with the contact person listed above. By accepting funding, the organization agrees that photos taken at fund delivery may be used by the Fairfield Glade Ladies Club without restriction. The Fairfield Glade Ladies Club reserves the right to visit the recipient's organization.