

SRCCF Contribution Request Form Assistance Guide

- I. Contribution Application (attached)
 - a. Please put the name of the requester on the first line, such as yourself, and N/A on the Tax ID# if this request is personal.
 - b. The address will be your mailing address
 - c. The contact name is you, the requestor, or whomever you'd like to assign as the point of contact for additional questions, follow up information. If the Board has question(s), we will contact you.
 - d. Add all pertinent information following your contact information.
 - e. Under "Budget Plan," briefly describe how you have been covering costs and/or raising money, if any. If you have not done either, explain the hardship.
 - f. Under "Mission or Statement of Purpose", briefly describe the ask/request as well as the aims and values for the request.
- II. Please be sure to include Tribal ID number(s)
- III. Grades from school
 - a. Must have a C or above
 - b. If there is a disability such as an IEP, we need proper documentation from school supporting the disability.
 - c. Medical disability, we need medical documentation of the disability.
- IV. Supporting documents for the request, such as a pamphlet, website link, cost sheet/estimate/invoice. Teacher or coach recommendation letters are optional.
- V. Letter from youth stating why he/she/they want the Children's Foundation to sponsor their request and what it would mean to them.
- VI. Letter from parent or guardian why they would like the Foundation to support the request.

VII. Submit application and all documents to Elaina Osife via email at elaina.osife@srpmic-nsn.gov or in person at 10079 East Osborn Road-Two Waters B, 3rd Floor (Human Resource Building). Call for questions at 480-362-7616.