



SALT RIVER COMMUNITY CHILDREN'S FOUNDATION

Gift Request Form

Date: _____

CONTACT INFORMATION

Name of Youth(s) (or Organization): _____

Tax ID # (If an Organization): _____

Mailing address of youth(s) (or Organization):

Street _____ City _____ State _____ Zip _____

Contact Name: _____ Relationship to Youth(s): _____

Phone: _____ Fax: _____ E-mail: _____

REQUEST INFORMATION

Must Enter Requested Amount: _____ **Date needed:** _____

In 2-3 sentences, describes what gift donation will be used for:

Number of Community youth to be served by this request: _____

List Name(s) and SRPMIC Enrollment Number(s) for each participating youth:

Has youth (or Organization) received funding from the Salt River Community Children's Foundation in the last 24 months? (Check Box) Y N
If yes, please list when and for what program/effort.

Budget Plan: Please list (or attach) all/total costs. List if any other sources which funding was received with the total amount received (i.e. personal payments, fundraising, contributions from other organizations) or explain financial hardship:

If an Organization: Mission Statement of Organization/Statement of Purpose for Gift Request (attach additional pages as necessary):

NOTICE TO APPLICANT

Please submit the following with your request:

1. Current academic grades for each school-aged child for whom you are requesting a gift payment for. Use latest grade period.
2. Any related material pertaining to your organization or the intended purpose of your request (i.e. - acceptance or support letters, invoices, Scope of work outline, itinerary, etc.).

Additional terms if contribution request is granted:

1. **All Applicants that are granted funding must provide, at a minimum, a one-page narrative report regarding how the contribution assisted and benefited the Community youth.**
2. Photos are not required, but are highly encouraged and accepted.
3. Photos and names of youth and programs may be used for outreach purposes.*
***Please alert the Board Secretary if you are not in agreement.**

I agree that photos of youth(s) may be used for outreach purposes.

Signature

Date

Grant Application Process for Organizations and large-scale youth projects:

1. The Salt River Community Children's Foundation operates an annual Grant Application process each spring. Please contact us to determine if the Grant Application process would better suit your organizations needs and intended purpose.

Return Completed Forms to:

Salt River Community Children's Foundation
ATTENTION: Board Secretary, Davina Rhoades
10005 E. Osborn Road, Two Waters, Bldg. A
Ste-300 Scottsdale, AZ 85256
davina.rhoades@srpmic-nsn.gov