



Conch Scramble Beneficiary Application

88005 Overseas Highway #10-203, Islamorada, FL 33036

Phone: 305-509-0315

ORGANIZATION INFORMATION:

Name: _____

Address: _____

City, State & Zip Code: _____

Contact Number: _____

CONTACT PERSON: Name: _____

Title: _____ Phone Number: _____

State below the major goals of your organization and describe the population served:

State the need to be addressed:

State the proposed solution to the need, the time frame for it to be operative, and indicate how the grant will assist the solution:

Please give the following fiscal information: The current actual sources of funding and the amount:

SOURCE:

AMOUNT:

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The sources of funding sought but not yet received, and the amount:

SOURCE:

AMOUNT:

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CERTIFY THAT ALL INFORMATION SUBMITTED IN THIS APPLICATION FOR FUNDS FROM THE CONCH SCRAMBLE ON-THE-WATER GOLF TOURNAMENT IS ACCURATE.

NAME: _____ Title: _____

Signature: _____ Date: _____

PLEASE ATTACH COPIES OF THE FOLLOWING:

1. ORGANIZATION'S IRS EXEMPT APPROVAL LETTER
2. MISSION STATEMENT, IF ANY; BROCHURE; PRINTED MATERIAL
3. INCOME/EXPENSE BUDGET FOR THE FISCAL YEAR FOR WHICH FUNDS ARE BEING REQUESTED

4. INCOME/EXPENSE REPORT FOR THE IMMEDIATE PAST TWO (2) YEARS

5. LATEST ANNUAL AUDITORS REPORT OR FINANCIAL STATEMENT 6. THE LAST IRS FORM 990 FILED Please submit application to the address listed on the top of the form or email along with all documents to CONCHSCRAMBLECHARITYGOLF@GMAIL.COM