

# Conch Scramble Beneficiary Application

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

Please submit application via email along with all documents to:

[CONCHSCRAMBLECHARITYGOLF@GMAIL.COM](mailto:CONCHSCRAMBLECHARITYGOLF@GMAIL.COM)

Phone: 305-393-2725 or 305-619-2322

## 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:

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State the need to be addressed:

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

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Grant recipient or  Beneficiary (please select one) please see description for requirements.

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

_____	_____
_____	_____
_____	_____

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

_____	_____
_____	_____
_____	_____

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

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