

**Town of Eatonville**  
**Charitable Donation Request Applications**  
**\*REQUESTED FUNDS MORE THAN \$100**

**Requesting Organization's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Contact Person Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Federal Tax Identification Number:** \_\_\_\_\_

**501 (c) ( ):** \_\_\_Yes \_\_\_No (if yes , IRS exemption letter must be attached)

**Pursuant to Chapter 496, Florida Statutes. Do you have a Solicitation License from the Florida Department of Consumers Services?**

**1. Give a brief description of your agency including the mission statement:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Type of service provided:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**3. How much is this funding request for?** \_\_\_\_\_

**4. What is the time period you are requesting these funds for?** \_\_\_\_\_

**5. Describe the purpose of the request, the services to be provided and how it relates to the Town of Eatonville?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. Number of years in operation:** \_\_\_\_\_

**7. Total agency annual operating budget:** \_\_\_\_\_

**8. How many individuals does your organization serve?** \_\_\_\_\_

**9. How many individuals did your organization serve last calendar year?** \_\_\_\_\_

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10. Of the persons served, how many were Town of Eatonville residents or property owners? \_\_\_\_\_

11. How many Town of Eatonville residents or property owners is your organization projecting to serve in the upcoming year? \_\_\_\_\_

12. Have you requested funds from the Town before? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please provide amount and purpose of donation: \_\_\_\_\_

13. Is this funding request to assist in meeting a required match to fund existing programs or services, or for new services? Please explain: \_\_\_\_\_

14. Attach a list of all Owners/Directors/Principal.

15. Budget:

Description	Existing project Funding	Award Requested
Salaries		
Operating Expenses (i.e. phones, rent)		
Non-Operating Expenses (i.e. consultants, etc.)		
Total		

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Please list all attachments (IRS exemption letter, the *organization's* most recent tax returns, and a list of all owners/directors/principals must be included with the application): \_\_\_\_\_

I hereby certify that I have read and understood the charitable donations request guidelines and that the information provided is true and correct. I understand that the approval and denial of all charitable donation requests is in the sole discretion of the Town of Eatonville Mayor and Town Council and that if the request is approved a charitable grant agreement is required prior to the distribution of any funds.

\_\_\_\_\_  
Printed Name  
Organization's Authorized Representative

\_\_\_\_\_  
Signature  
Organization's Authorized Representative

\_\_\_\_\_  
Date

<b>Are the requested funds approved in Budget</b> _____ Yes, _____ No	<b>For Internal Use Only</b> IRS Exemption _____ Y _____ N List of Agency Directors _____ Y _____ N Agency Most recent tax return _____ Y _____ N
_____ Signature	_____ Date
<b>Town Attorney Review</b> : Public Purpose _____ Yes _____ No	
_____ Signature	_____ Date
Council Approval Required _____ Yes _____ No	
Yes, if requested funds are not approved in the budget OR if the Town Attorney checks "No". If yes, please attach meeting agenda and decision of the Town Council.	
Town Council Member Sponsorship: _____	