

## ORGANIZATIONAL INFORMATION

Legal Name of Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

President | Executive Director: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Contact Person (if different): \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Is your organization a 501 (C)(3)? \_\_\_ YES \_\_\_ NO Year Established: \_\_\_\_\_ Fiscal Year End: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_ Total Organizational Budget: \$ \_\_\_\_\_

Geographical Area Served: \_\_\_\_\_ Type of Organizational Entity: \_\_\_\_\_

## MISSION STATEMENT, SERVICE & OBJECTIVES

# PROPOSAL INFORMATION

Program Project Name: \_\_\_\_\_

Total Program Budget: \$ \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

Please describe what the request will purchase:

Please describe the anticipated benefit in relation to your organization's purpose to the citizens of your community you are serving:

Please explain why regular revenues will not cover the anticipated project or service cost:

I hereby verify that the information provided is accurate and honest to the best of my knowledge. I am the organization's secretary, or the appropriate officer and the application has been approved by the governing board or other body.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## IMPORTANT INFORMATION

### ATTACHMENTS REQUIRED:

- A detailed list of component prices of project or service
- A copy of the internal Revenue Service Tax Exemption letter for the organization.
- Audited financial statements, including source of revenue in detail and a copy of the latest tax return. If audited statements are not available, an acceptable substitute is required.

### ADDITIONAL INFORMATION:

- In the case of an application for an emergency contribution, state the nature of the emergency.
- The Selection Committee reserves the right to request any additional information it deems necessary.

## CONTACT INFORMATION

Please direct application and questions to:

### **EQUITY TRUST & WEALTH MANAGEMENT**

1565 N Webb Road

Wichita, KS 67206

**316.932.7493**

Equity Trust & Wealth Management investment and insurance products are: Not a Deposit | Not FDIC Insured | Not Insured by Any Federal Government Agency | Not Bank Guaranteed | May Lose Value

