



88005 Overseas Highway #10-203
Islamorada, FL 33036
Phone: 305-522-1590
Fax: 305-664-3305

BENEFICIARY APPLICATION

ORGANIZATION INFORMATION:

Name: _____

Address: _____

City, State & Zip Code: _____

Phone Number: _____ Fax Number: _____

CONTACT PERSON:

Name: _____ Title: _____

Phone Number: _____ Fax Number: _____

PLEASE ATTACH COPIES OF THE FOLLOWING:

ORGANIZATION'S IRS EXEMPT APPROVAL LETTER

MISSION STATEMENT, IF ANY; BROCHURE; PRINTED MATERIAL

INCOME/EXPENSE BUGDGET FOR THE FISCAL YEAR FOR WHICH FUNDS
ARE BEING REQUESTED

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

LATEST ANNUAL AUDITORS REPORT OR FINANCIAL STATEMENT

THE LAST IRS FORM 990 FILED

1. a) State below the major goals of your organization and describe the population served:

b) Actual number of clients served in the past fiscal year:

2. a) State the need to be addressed:

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

c) Does the population to be served work with you, and to what extent:

3. Please give the following fiscal information:

a) The current actual sources of funding and the amount:

SOURCE:	AMOUNT:
_____	_____
_____	_____
_____	_____

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

SOURCE:	AMOUNT:
_____	_____
_____	_____
_____	_____

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

NAME: _____ Title: _____

Signature: _____ Date: _____