

DONATION APPLICATION

1. Date: _____

2. Name of Organization: _____

3. Address: _____

4. Please state the goals and objectives of your organization: _____

5. Does your organization have an established history of service to the Delaware Township community?

YES NO

6. If yes, how long has your organization been providing service to the community? _____

7. Purpose of donation _____

8. What are the primary reasons for undertaking the project/service? _____

9. Will this be a onetime project/service or is it ongoing? _____

10. Dates/duration of project/service: _____

11. Who will be responsible for the execution and successful completion of the project/service:

Name: _____

Telephone: _____ Fax: _____

Email: _____

12. Who will benefit from the project and how will they benefit:

13. What are the direct tangible benefits to the Delaware Township community? _____

14. Number of citizens that participate/benefit: _____

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16. Describe the project funding:

Total Project Budget: _____

Requested contribution from the Township: _____

Amount self-funded from fund raising: _____

Other grants received or applied for to fund this project: _____

Admission fees budgeted for this project: _____

Other sources of funding for this project: _____

17. Membership Fees: _____ Budget for current year: _____

Most recent fiscal year: _____

18. Other sources of funding expected to be received for the organization: _____

19. What is the basis for determining the requested Township donation amount? _____

20. Is there any other funding contingent upon receiving a donation from the Township? If yes, please explain: _____

21. Does your project duplicate services or activities that are already provided by the Township or other government agencies? Yes No

22. Is your organization or your project of political nature? Yes No

23. Is your project already supported through a school taxes? Yes No

24. Has your organization requested assistance from the Township in the past? Yes No

What year(s): _____ Amount received: _____

Purpose of previous donation: _____

25. Applicants must submit a summary report of the event/project to the Township's Chief Financial Officer/Treasurer within 30 business days of its completion.

26. This donation application was authorized by a motion of the Delaware Township Board of Supervisors on the day of _____, _____ 20 _____

Name: _____ Name _____

Signature: _____ Signature: _____

29. Please attach a copy of your organization's tax returns for the last three (3) years, as well as a budget for the applicant's following fiscal year and any other information you wish to provide in support of the is application