



SALT RIVER COMMUNITY CHILDREN'S FOUNDATION

Contribution Request Form



Leave Blank – To Be Completed by SRCCF

- ☐ Education / Education Attainment or Enrichment
- ☐ Health / Health Related Programs (Including Sports)
- ☐ Special Needs Services / Programs
- ☐ Arts and Culture
- ☐ Youth Leadership

Request No.: _____

Date Received: _____

Received by: _____

***Please indicate if you are applying for ☐ Youth(s) or ☐ Organization**

Required Attachments (Check Applicable Box to Confirm Submittal):

☐ **Detailed Invoice or Quote**

Must submit an invoice or quote which accounts for all funds being requested. Must equal the Total Amount Requested.

☐ **Current Academic Grades For the Youth**

Must submit current academic grades for the youth who is to benefit from this request, if of school age, indicating a quarter or semester grade average of a C or better (or its equivalent). SRCCF may consider extenuating circumstances and either waive the grade average requirement or submission of this information where deemed appropriate.

☐ **Written Statement From the Youth**

Must submit a statement from the youth who is to benefit from the request (where age and ability appropriate) explaining how the funds would benefit them.

☐ **Any Additional Information Explaining / Supporting the Contribution Request**

☐ **Organizations Only – Copy of §7871(a)(1)(A, B, & C) or §501(C)(3) Determination Letter (if formally organized)**

YOUTH INFORMATION

Name of the Youth(s) : _____

NAME OF PARTICIPATING YOUTH	AGE	SRPMIC ENROLLMENT NO.	ARE YOU THE PARENT/LEGAL GUARDIAN? (Y/N)
		615 – U –	
		615 – U –	
		615 – U –	
		615 – U –	

ORGANIZATION INFORMATION

Name of Organization: _____

NAME OF ORGANIZATION	TAX ID # (IF ORGANIZED)	PERCENTAGE OF ENROLLED YOUTH(S) TO BENEFIT FROM REQUEST?

- Organization affirms that at least 50% of community youth will benefit from contribution.
- SRPMIC government departments and programs are not eligible to receive funding from the SRCCF unless approved by the Community Manager.
- Organizations and Service Providers may request funding by completing a SRCCF Contribution Request Form. If formally organized, the organization or service provider should provide proof of their IRC § 7871(a)(1)(A, B, & C) or § 501(C)(3) qualification. Organizations and service providers are not required to be formally organized to receive funding from SRCCF

CONTACT INFORMATION

Contact Name: _____ Relationship to youth(s): _____

Mailing Address: _____
Street City/State Zip Code

Phone: _____ Fax: _____ E-Mail: _____

FINANCIAL INFORMATION

Total Amount Requested: _____ **Date Needed By:** _____

*Please describe what the funds will be used for:

*Please List fundraising efforts, personal payments, contributions from other organizations, or explain financial hardship:

*Has the listed youth (or your Organization) received funding from the Salt River Community Children's Foundation in the current SRPMIC Fiscal Year (October 1 – September 30)? **(Check Box)** ☐ Yes ☐ No
If yes, please provide the following information:

WHEN	FOR WHAT PURPOSE	AMOUNT	FINAL REPORT SUBMITTED (Y/N)?

NOTICE TO APPLICANT

1. All requestors who are awarded funding by the SRCCF must submit a final report detailing the outcome of the proposed project and how funds were used. Failure to submit a final report will impact eligibility for future funding.
2. Photos are not required but are highly encouraged and accepted.
3. Photos and names of youth and programs may be used for SRCCF outreach purposes.
4. Please be apprised that where an individual previously misused SRCCF funds or falsified information in the request, the individual will not be eligible to apply for future funding through the SRCCF.

By signing below, I confirm that the information contained in this request is correct to the best of my knowledge. Furthermore, **(Check One)** ☐ I agree / ☐ I do not agree, that photos and name(s) of youth may be used for SRCCF outreach purposes:

Signature

Date

Return Completed Contribution Request Forms to:
Salt River Community Children's Foundation
ATTENTION: Elisabeth Thomas c/o Administration
10005 E. Osborn Road, Two Waters, Bldg A Suite 300 Scottsdale, AZ 85256
Phone: (480)362-7906 | Fax: (480) 362-7593 | Email: SRCCF@SRPMIC-nsn.gov

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