

Brainerd Jaycees

DONATION APPLICATION

INSTRUCTIONS

Please read this document carefully before completing the application. You may not reproduce this form on your computer; please type or print legibly the requested information. This application is also available at www.brainerdjaycees.com or www.icefishing.org. **ALL sections must be completed and the application signed and dated. Incomplete applications will not be considered. Supporting documents and/or attachments will not be considered; please do not submit.**

Application deadlines are January 31, May 31 and September 30 with distributions made in March, July and November of each year.

January 31 deadline >> Ice Fishing Extravaganza Proceeds – send applications to:
Brainerd Jaycees, Attn: Donations Committee, PO Box 523, Brainerd, MN 56401

May 31 deadline >> Miscellaneous Chapter Fundraising Proceeds – send applications to:
Brainerd Jaycees, Attn: Donations Committee, P.O. Box 384, Brainerd, MN 56401

September 30 deadline >> Miscellaneous Chapter Fundraising Proceeds – send applications to:
Brainerd Jaycees, Attn: Donations Committee, P.O. Box 384, Brainerd, MN 56401

SECTION I

ORGANIZATION INFORMATION

Name of Organization			
Address		City	State Zip
Phone	Fax	Organizational Website	Federal Tax ID Number
Executive Director		Phone	Fax Email
Primary Contact (if other than Executive Director)		Phone	Fax Email
Organization's current year budgeted expenses \$	Is this higher or lower than previous year's expenses? <input type="checkbox"/> Higher <input type="checkbox"/> Lower By what percent:		
What are your primary funding sources (list up to three).			
1.			
2.			
3.			
Do you receive Government funds? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a certified 501(c)3? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please provide a brief overview of your organization and its mission:			
Does your organization volunteer at or participate in Brainerd Jaycees activities? If so, please list and explain below:			

SECTION II

DONATION REQUEST INFORMATION

Amount Requested \$	Area of Focus <input type="checkbox"/> Education <input type="checkbox"/> Environmental <input type="checkbox"/> Public Service <input type="checkbox"/> Youth <input type="checkbox"/> Other _____
Date of Application	Type of Request <input type="checkbox"/> General Operating <input type="checkbox"/> Program/Project <input type="checkbox"/> Capital Campaign <input type="checkbox"/> Other _____
What are the timelines for the project and for fundraising? <i>(Only fill out if the request is not for general operating funds.)</i>	
What is the budget for the program/project or capital campaign? <i>(Only fill out if the request is not for general operating funds.)</i> \$	
How does this effort address a community need? How does this effort tie to the mission of your organization?	
Please explain how you have measured or will measure the success of the program/project?	
Has the organization received a donation from the Brainerd Jaycees in the last three years? List all. <input type="checkbox"/> No <input type="checkbox"/> Yes Date(s) of Donation: Amount:	
Please list any Brainerd Jaycees involved in your organization and their roles.	

SECTION III

AUTHORIZATION

The undersigned certifies they are authorized to represent the organization applying for a donation and the information contained in this application is accurate. The undersigned agrees that if a donation is awarded to the organization: **(1)** the donation will be used for the purpose outlined in the grant award letter and may not be expended for any other purpose without prior written approval from Brainerd Jaycees, **(2)** Brainerd Jaycees has received nothing of material value in exchange for the donation, and **(3)** information about the organization and the donation may be used by Brainerd Jaycees in any published materials.

Signature of Executive Director or Board Chair X	Date
--	------