

SVECares
P.O. Box 405
South Pittsburg, TN 37380

**APPLICATION FOR DONATION
FOR ORGANIZATION/AGENCY**

1. Name of Organization: _____

2. Address: _____
Street or Post Office Box

_____ City or Town State Zip Code

3. Phone Number: _____
Work Home

4. Contact Person: _____
Name Title

5. Is organization requesting funding exempt from payment of income tax:
Yes ___ No ___ If yes, a copy of letter (Form 501[c] 3) from Internal
Revenue Service must be attached

6. A copy of financial statement(s) for most previous year should be
provided.

a. Statement attached: _____

7. Number of individuals, families or groups served in Bledsoe, Grundy, Marion, or
Sequatchie Counties or areas of Van Buren, Hamilton, Cumberland, Coffee, and
Rhea Counties served by SVEC in the last year: _____

8. Does agency serve outside Bledsoe, Grundy, Marion or Sequatchie Counties or
areas of Van Buren, Hamilton, Cumberland, Coffee and Rhea Counties served by
SVEC:

Yes ___ No ___

If yes, please provide information on number served and location.

9. State Purpose of Organization/Agency Request: (Include amount requested and specifics of how funds will be used. For example a proposed budget or bids from vendors or suppliers.)

10. Estimated Total needed for project \$ _____
Totals from other funding sources – list sources
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
Total requested from SVECare \$ _____

11. How are agency’s programs measured for effectiveness (i.e. records kept on number of families served, monetary benefits to families or community, lives changed, etc.)?

12. Please list three references from outside your organization who have knowledge of your programs and this request.

Name	Phone		
Address	City	State	Zip code
Name	Phone		
Address	City	State	Zip code
Name	Phone		
Address	City	State	Zip code

The information contained in this statement is for the purpose of obtaining funding from SVECares on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding to grant funding, and each undersigned represents and warrants that the information provided is true and complete and the SVECares Board of Directors may consider this statement as continuing to be true and correct until a written notice of change is provided. The SVECares Board of Directors is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

NAME OF ORGANIZATION

SIGNATURE OF REPRESENTATIVE

DATE