

# THE STAHL ATHENS COMMUNITY PARK CHARITABLE FOUNDATION

## REQUEST FOR FUNDING

Please complete the application for funding in its entirety.

Date: \_\_\_\_\_

### Contact Information

Organization or Group	
Contact Name:	
Contact Address:	
Home Phone	
Cell Phone	
E-Mail Address	

### What services does your group provide the residents of Athens School Dist#213?

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### How many Athens School Dist#213 residents did you serve last year through your direct services? Please categorize these services/activities for us to gain a better understanding of your impact on our community.

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### Does your group duplicate any services by another organization? If so, please explain.

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**What other sources of funding does your group receive? (i.e. grants, donations, fundraisers, etc.,)**


**If your group received funding from us last year, please explain how the funds were utilized.**

**N/A first year - 2018**

**Request for funding:** Provide specific information regarding the amount(s) requested and specific use. (Please attach additional evidence if necessary)

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if the group/individual is accepted as a recipient of funds, any false statements, omissions, or other misrepresentations made by me on this application may result in the immediate return of all funds.

Name (printed)	
Signature	
Date	

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in the residents of Athens School District#213.