



COMMUNITY GRANT REQUEST APPLICATION

Applications MUST be received by November 1, 2021

The purpose of the community grant is to support that part of the Pensacola Sports mission that focuses on the development, education, promotion and recognition of youth sports, amateur sports and athletic excellence.

ELIGIBILITY

What is the organization's IRS designation? _____ (include copy of IRS determination letter with your application)

To receive a community grant from Pensacola Sports, applicants MUST be located in or service Escambia or Santa Rosa counties in Florida. Applicants must operate without illegal discrimination on the basis of race, religion, gender, sexual orientation, age, national origin or disability.

Organizations Legal Name: _____

Organizations Name: _____

(DBA if different than the above name)

Executive Director: _____

Board of Directors Chairman: _____

Contact Person (Name): _____ **Email Address:** _____

Website: _____ **Contact Phone:** _____

Mailing Address: _____

City

State

Zip

The organization listed and its Board of Directors, authorize submission of this funding proposal. We certify that, to the best of our knowledge, the statements contained in this application are true, correct and complete.

Executive Director/President:

Chairman of the Board of Directors:

Signature

Signature

Print

Print

Date

Date

INCORRECT OR INCOMPLETE APPLICATIONS MAY BE REJECTED

Return grant request to:

Pensacola Sports

101 W. Main St.

Pensacola FL 32502

info@pensacolasports.org

ORGANIZATION INFORMATION:

AMOUNT OF THIS REQUEST: _____

Name of Organization: _____ Year Founded: _____

Brief Summary of Organization's History: _____

Organization's Mission Statement: _____

Geographic Area Served: _____ Number of Directors on Board: _____

**Attach a current list of your organizations Board of Directors*

Percentage of Directors who contributed financially to the organization in the last 12 mo. _____

Number of Employees: _____ Full-time: _____ Part-time: _____

Total budget of event or program: _____

Are you requesting funds from other sources? () No () Yes If YES please explain _____

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YOUR NON-PROFIT ORGANIZATIONAL BUDGET

Estimated 2022	2021	2020
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BEGINNING CASH BALANCE:			
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REVENUES

Government grants <i>(specify)</i>			
Government contracts <i>(specify)</i>			
Foundations			
Corporations/Businesses			
Civic or Community Groups			
United Way			
Individual Contributions <i>(excluding Board of Directors)</i>			
Board of Directors Contributions			
Fundraising Activities <i>(events)</i>			
Membership Income			
In-Kind Support			
Investment Income			
Endowment Earnings			
Earned Income			
Other <i>(specify)</i>			
Total Revenue			

ORGANIZATIONAL EXPENSES/COSTS:

Salaries and Wages			
Employee Benefits and Taxes			
Consultants and Professional Fees			
Fundraising Costs			
Travel			
Equipment/Supplies/Printing/Copying			
Communication <i>(phone, fax, website)</i>			
Postage and Delivery			
Rent and Utilities			
Marketing and Promotion			
Depreciation			
Other <i>(specify)</i>			
Total Expenses			
ENDING CASH BALANCE:			