



## **Funds Request Form**

### **Mission Statement:**

The Bob Craig Youth Foundation's mission is to provide financial assistance to various South Central PA youth programs and organizations which support initiatives dedicated to building and developing the character of our youth through education, athletics, and mentoring.

### **Financial Request Policy:**

The Bob Craig Youth Foundation (the "Foundation") has an established policy to provide financial support for as many academic and athletic organizations within the Southcentral region of PA which benefit the youth of our region. The Foundation's goal is to distribute fairly and equitably to requests that meet our mission statement (see above).

### **When making a request please submit the following:**

- 1) Fully completed application (see below)
- 2) Supporting documentation in the form of estimates/receipts
- 3) Explanation of how these funds will be used
- 4) Explain other ways your organization is fundraising to help defer the costs of project/purchase
- 5) Explain how a BCYF donation will be highlighted in your community
- 6) For large requests please be prepared to meet with the Foundation's Board
- 7) Failure to provide all requested information in a timely manner could delay the funding decision

Requests shall be considered at the first scheduled Foundation Board as soon as practicable following the Financial Request submission. Please make all fund request at least three (3) months prior to the date funding is needed.

If you have questions, please feel free to contact us.

**FUNDS REQUEST:**

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

Name of Organization: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Total amount of funds needed for purchase/project: \$ \_\_\_\_\_

Date needed by (see parameters above): \_\_\_\_\_

Purpose (see parameters above) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name(s) of other supporters or sponsors of purchase/project: \_\_\_\_\_

Name of person making request and contact for follow-up questions: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Contact email: \_\_\_\_\_

**Check all that apply:**

\_\_\_ This is a school program - Name of School \_\_\_\_\_

\_\_\_ This is a youth program not affiliated with a school

\_\_\_ This will benefit youth ages K-5, 6-8, 9-12

\_\_\_ Have you made funding requests from BCYF in the past

\_\_\_ This expense a recurring expense for our program

\_\_\_ This this expense a one-time expense

**NOTES:**

- Previous funding approval does not guarantee future funding approval to a similar organization or for similar purposes.
- Bob Craig Youth Organization is a 100% volunteer organization. You may be asked to help promote volunteer needs and other fundraising events sponsored by the BCYF.