

# FAB REQUEST FOR FUNDS

Organization name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ website: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact e-mail: \_\_\_\_\_

Are you a FAB Member: \_\_\_\_\_

Name(s) of presenter(s) attending FAB Board meeting to present request and answer questions (required):

**REQUESTED AMOUNT** \_\_\_\_\_

**Project Description** – Briefly describe the project and how the funds from FAB will be used:

What is the total cost of the project?

How will you raise additional funds?

How long have you been raising funds for this project?

When will all the funding needed be secured?

Has the project begun?

If so, what has been completed & what is the schedule

If not, when will it begin & what is the schedule

**Explain the Benefits:**

What is the benefit of how the funds will be used & the impact it will create

Do you operate a program?

How long has your program been in existence?

How many people participate in your program?

How many teams? (if applicable)

What is the age level of athletes covered in your request?

How long is your season?

Does a Board of Directors govern your program?

If so, what financial support do they contribute?

Please list the names of all other organizations / individuals being solicited for funds for this request as well as the amounts requested.

Send completed application to:

**FAB**  
**PO Box 345**  
**Little Falls, MN 56345**

\*\* Allow 30 – 45 days for a response