



**Driven**  
TO SERVE



**APPLICATION FOR SUPPORT**

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

Relation to Dealership: \_\_\_\_\_

**ORGANIZATION INFORMATION**

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

Website: \_\_\_\_\_ 501(c)(3)#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Organization: \_\_\_\_\_ Email: \_\_\_\_\_

**HOW DOES YOUR ORGANIZATION MAKE A DIFFERENCE?**

Mission Statement of the Organization:  
\_\_\_\_\_  
\_\_\_\_\_

What population is served by this Organization:  
\_\_\_\_\_  
\_\_\_\_\_

What Geographic area is served by this Organization:  
\_\_\_\_\_  
\_\_\_\_\_

**REQUEST**

- Grant (Money)
- Sponsorship (Money in exchange for advertising)
- In Kind (Something we have or a service we can provide)

Amount or Item requested: \_\_\_\_\_

When do you need to receive the item or funding? \_\_\_\_\_

Describe the proposed outcomes that will result from the granting of this request.  
\_\_\_\_\_  
\_\_\_\_\_

Why should we grant your request?  
\_\_\_\_\_  
\_\_\_\_\_

What is your plan to communicate with the public the funds that you are provided with?  
\_\_\_\_\_  
\_\_\_\_\_

Have you are requested anything from this dealership in the past?  
 Yes  
 No

Has your organization been reviewed by the Charities Review Council?  
 Yes  
 No

What other organizations are providing you with funding?  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE**

I authorize the verification of the information provided on this form.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_