

**Saint John Y's Men's Club
Application for Financial Assistance**

Is this application from:

Individual __ or, Organization __

If this is from an organization, please complete information in Part 2

Primary Contact Name: _____
(If individual, individual name)

Mailing Address: _____

City: _____ Prov.: _____

Postal Code: _____

Amount/Donation Requested: _____

Date Funds Required: _____

Purpose of Donation (please explain in detail):

Who will benefit from this donation:

How will you determine success of your project?

Has funding been requested from any other organization(s)?

Yes No

If yes, please list other organizations from whom funding has been requested, and amount requested:

Has funding been received from any other organization(s)?

Yes No

If yes, please list other organizations from whom funding has been received, and amount received:

Have you ever received a donation from the Saint John Y's Men's Club?

Identify ways you will acknowledge and recognize the Club's donation, if received:

Part 2

Organization Information

Organization Name: _____

Mission Statement:

How many paid staff do you have? (briefly outline title and role)

How many volunteer staff do you have? (briefly outline title and role)

What connection, if any, does your organization have with the Saint John Y's Men's Club?
