



Islamorada Village of Islands

Charitable Donations Request Application

Requesting Organization's Name: _____

Address: _____

City, State, Zip Code: _____

Phone: _____ Email: _____

Federal Tax Identification Number: _____

What year was this organization formed? _____

501 (c) Applicable Y or N (If yes, IRS exemption letter dated within the previous two years must be attached)

Contact Person Name: _____ Phone: _____

Pursuant to Chapter 496, Florida Statutes; Do you have a Solicitation License from the Florida Department of Consumer Affairs? _____

Please include all Media Outlets: If not listed please include in Other.

Organization Website: _____

Instagram: _____

Facebook: _____

Twitter: _____

YouTube: _____

Other: _____

1. Give a brief description of your agency including the mission statement: _____

2. Types of services provided: _____

3. Amount of funding requested? _____
4. What is the purpose of the funding? _____

5. Have you requested funds from the Village before? _____; If yes please provide amount and purpose of the donation? _____

6. How will this funding be beneficial to the residents of Islamorada, Village of Islands?

7. Total agency annual operating budget: _____
8. How many individuals does your organization serve? _____
9. How many individuals did your organization serve in the last calendar year? _____

10. Of the persons served, how many were Islamorada, Village of Islands residents or property owners? _____

11. Please attach a list of all Owners/Directors/Principals/Board Members:

12. Budget:

Description	Existing Project Funding	Amount Requested
Salaries		
Operating Expenses (i.e., phones rent)		
Non-Operating Expenses (i.e., consultants, etc.)		
Total		

Attachments (Please check off all that apply):

- IRS exemption letter dated within previous two years
 - Most recent tax returns
 - The organizations, and a list of all Owners/Directors/Principals/Board Members
 - If applicable, Solicitation License from the Florida Department of Consumer Affairs

 - Other: _____
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I hereby certify that I have read and understand the charitable donation request guidelines and that the information provided is true and correct. I understand that the approval and denial of all charitable donation requests is in the sole decision of the Village and that if the request is approved a charitable grant agreement is required to the distribution of any funds.

Printed name
Organization's Authorized Representative

Signature
Organization's Authorized Representative

Date