



Donation Request Form

Please complete all sections of this application, typing your information directly into this form. When all sections are completed, print the form and submit **TWO copies** of the entire application packet to the address listed below.

Section I: General Information

(Please Print)

Organization Name: _____

Contact Name/Position: _____

Mailing Address: _____ City, State, & Zip: _____

Phone Number: _____ Email Address: _____

Number of Years as an Organization: _____

Organization is: ____ Non-Profit ____ (5013C) OR ____ For Profit

Section II: Organization Description

Complete Section II: typed directly into this form.

What is your Mission Statement?

a) Describe the focus of your organization (i.e. goals and objectives, community needs served, etc.)

b) Identify what segment of the community you serve, including specific geographic areas, minority populations, and total number of people served last year.

c) How does your organization involve the community in its efforts? (i.e. public or private partners, volunteers, other non-profits, etc.)

d) # of full-time staff: ____ e) # of part-time staff ____ f) # of long-term volunteers (more than 1 yr) ____

Section III: Description of Program/Funding

Complete Section III:

Name of specific program or project to be funded:

Amount of Grant Request: \$ _____

a) Describe the program to be funded and who will benefit from this funding:

b) Describe specifically how the funds granted will be used. (Please note that funding is intended for activities that directly relate to the provision of services.)

c) What need(s) does this program fill? Is it duplicated by another organization or program?

d) List other public or private partners in this program and describe the nature of the partnership.

e) Identify how many individuals will be helped through this program and in what way(s) the success of the program will be measured. If the program is already in existence, please include a success story.

- f) List the fiscal year in which this funding will be used _____
- g) Is the operation or existence of this program contingent on this funding? Yes ____ No ____
- h) Have other local companies/entities provided significant funding for this program within the past year? If yes please list donors and amount/type of contribution(s): Yes ____ No ____

- i) Could this program operate with partial funding of your request, and if so, at what level
Partial funding: ____ Yes ____ No If yes, list amount: \$_____

Section IV: Southern Nevada Sports Hall of Fame Branding/Awareness

- a) Is there an opportunity to include the Southern Nevada Sports Hall of Fame logo within any of the following:
- Display banners Yes ____ No ____
 - Uniform patch's Yes ____ No ____
 - Logo on shirts and or uniform Yes ____ No ____
 - Game program ad Yes ____ No ____
 - Website or letterhead Yes ____ No ____
 - Participation in annual banquet Yes ____ No ____
 - Other _____
- b) All logo placements must be approved by the Southern Nevada Sports Hall of Fame prior to printing. Photos or copies of the materials must also be supplied.

To send this document by e-mail (Preferred) – Fill out this document online then print it, scan it and send to communityrelations@sportshalloffame.net

Or you can print this application and mail to:

Southern Nevada Sports Hall of Fame
Attention: Melissa Meacham-Grossman
1771 E. Flamingo Road, Suite 216A
Las Vegas, NV 89119

Questions regarding the application process should be directed to Melissa Meacham-Grossman at (702) 617-9730.