

The Club Foundation

Industry Grant Request

FOR OFFICE USE ONLY:

Account Code: _____

Dept. Code: _____

Organization Information

Organization Name: _____

Mailing Address: _____

Primary Contact: _____ Phone Number: _____

Title: _____ EIN: _____

E-mail Address: _____

Request/Program Description

Grant Request: \$ _____ Period Grant will Cover: From: _____ To: _____

Program Title: _____

Describe the purposes of your program to be supported by the Grant:

Describe the program participants who will benefit from the grant funds (include number of individuals) and whether or not the participant must be a member of an/your organization to receive support:

Describe how the Grant will be used to further the Foundation's educational purposes:



The mission of The Club Foundation is to raise funds to financially support the professional development of club managers through education, training and research initiatives.

Program Budget Breakdown

Personnel	\$	_____
Supplies/Equipment	\$	_____
Travel	\$	_____
Other:	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
Total Amount Budgeted:	\$	_____

Total Organizational Budget: \$ _____ Starting Date of Fiscal Year: _____

Mission Statement

Summarize the organization’s mission (two or three sentences):

I, the undersigned, certify that the statements in this request are true and complete to the best of my knowledge and accept, if a grant is awarded, the obligation to comply with terms and conditions in effect at the time of the award.

(Signature of person completing grant request) *(Date)*

PLEASE RETURN THIS COMPLETED FORM BY EMAIL TO:

ava.spece@cmaa.org

The Club Foundation
1733 King Street
Alexandria, VA 22314-2720
Phone: (703) 739-9500



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