



Request for Contribution

Date: _____ Amount Requested: _____ Amount Approved _____

Name & Address of Organization _____
Requesting Funds: _____

Name, Address, Phone Number of Contact Person for Organization: Name: _____
Address: _____
Phone: _____
Email: _____

Describe Project/Program for which funds are being sought: _____

Total Cost of Program/Project: _____

Total Requested from SSB Foundation: _____

List Additional Sources from whom funds are being sought: _____

Indicate geographical area and population served by request: _____

Please outline budget proposal for this project: _____

List Officers or Board of Directors of Organization: _____

Is this a non-profit/tax exempt organization? _____

Please attach a copy of organization's 501-C-3 non-profit designation from the IRS.