

SPEARFISH OPTIMIST GRANT APPLICATION

Name of Organization _____

Contact Person _____

Phone numbers _____ / _____

Email Address _____

Mailing Address _____

Brief Description of Organization/Project to be funded:

How many youths will benefit from this project? _____

Total expected cost _____

Amount requested _____

How much has been raised so far/anticipated from other sources or planned fundraising? Are there plans for future fundraising? _____

When are funds needed? _____

Can the Spearfish Optimists call on your group to help with our fundraising activities, either by helping to sell our Playoff/Superbowl Football books in the fall or helping with our Home Show in March? _____

Signature _____ Date _____