Request for Donation

Requesting Organization

Name: _____ Tax ID No: _____

Street or PO Box: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Contact Phone: _____

Contact Email: _____

Description of Proposed Project or Program

Describe the purpose of the project or program, the services to be provided, the number of people to be benefited, and how the proposed use of SBC funds will further the safety and education of bicyclists, uphold the rights of cyclists, or otherwise encourage cycling.

Expected Completion Date*:

Project/Program Budget

Provide a general estimate of the costs of the proposed project or program and the anticipated sources of funding.

Project/Program Costs			Project/Program Funding	
	$			$
	$			$
	$			$
	$			$
	$			$
	$		SBC Funds Requested	$
Total	$		Total	$

* The SBC board will anticipate receiving a brief program or project completion report within 90 days after the Expected Completion Date that summarizes the success of the project or program in achieving the purpose.