**Adams Veterans & First Responders Assistance Fund**

**Through the United Way of South Sarasota County**

**The mission of The Adams Veterans & First Responders Assistance Fund is to improve the lives and well-being of Veterans and First Responders who require some form of housing assistance support in South Sarasota County, OR, 501(c)(3) organizations which provide housing assistance services to Veterans or First Responders in South Sarasota County.**

**INDIVIDUAL**

**Charitable Grant Request**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Veteran and/or First Responder Experience:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Specific Project or Need That Request Will Fund:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**How Does This Fit Our Fund Mission?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Funding Level Requested (Max grant $2,000):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dated Needed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR A CHARITABLE REQUEST TO BE CONSIDERED, PLEASE RETURN:**

* Grant request form with all questions answered.
* Completed and signed W( form on most recent IRS version.
* Your personal history.
* Detailed written description of the project event for which funds are requested, including project budget and other sources of funding.
* Support materials that will help us understand your background and need.

**Sponsor: To be completed by a Board Member:**

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Signature of Sponsor Print Name of Sponsor Date