



## 2023-2024 FUNDING REQUEST FORM

The Mission of Service Club of Manatee County, Inc. is to support children who reside in Manatee County by raising and distributing funding for the benefit of those who are in need of food, shelter, clothing, health services, or educational services.

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Organization Name

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Total Amount Requested

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Contact Person's Name and Title

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Contact Person's Phone and E-mail



### PROCEDURE AND DEADLINE FOR APPLICATION:

1. Requests must be submitted on form provided, in **duplicate**, with all requested documentation attached to both copies
2. Include a copy of current 501(c)(3)
3. Additional documentation to support your request is encouraged. Please include the additional documentation at time of application: newspaper articles, special commendations, photographs, etc.
4. Only programs that benefit children of **MANATEE COUNTY, FLORIDA** will be considered for funding
5. Service Club of Manatee County will not fund any requests pertaining to administrative costs
6. **ONLY** completed applications will be considered for funding
7. Applications **MUST** be postmarked by **JANUARY 31, 2024** mailed to:  
  
Service Club of Manatee County  
  
c/o Lisa Sokos  
  
341 West Lake Faith Drive  
  
Maitland, Florida 32751
8. Grant recipients will be notified by mail after **APRIL 12th, 2024**

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ORGANIZATION NAME

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TOTAL AMOUNT REQUESTED

Please indicate the ratio of how the funding request will be utilized:

FOOD % \_\_\_\_\_

SHELTER % \_\_\_\_\_

CLOTHING % \_\_\_\_\_

HEALTH SERVICES % \_\_\_\_\_

EDUCATIONAL SERVICES % \_\_\_\_\_

MAILING ADDRESS:

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FACILITY ADDRESS (if different from above):

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FACILITY PHONE NUMBER: \_\_\_\_\_

CONTACT PERSON'S NAME and TITLE:

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CONTACT PERSON'S PHONE (if different from above) and E-MAIL:

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1. Summarize the outcome of the requested funding and how it will directly benefit children in Manatee County.
2. State how the funds will be used for the project and/or items being requested. Include a list of budgetary items if applicable. What portion of your budget is allocated to administrative costs? Funding requests for administrative needs will NOT be considered.
3. If the proposal is only partially funded by Service Club of Manatee County, Inc., how would partial funding affect the outcome of the project?
4. Is funding for this project being requested from other sources? If yes, please describe.
5. Will Service Club of Manatee County, Inc. funding for this proposal be used as matching funds? If yes, please give details.
6. What is the timetable for the use of the requested funds?
7. What is the amount of your organization's annual budget in Manatee County? How many different projects and facility locations does this budget support?
8. Do you receive federal/state/local funding? If yes, please give details. Describe any recent changes in your federal/state/local funding that effects your organization and this project.
9. If your organization has received funding from the Service Club of Manatee County, Inc. in the past, receipts for the last fulfilled request must be submitted for review along with the 2023-2024 request.