



Funding Application

(Please allow a minimum of 30 days for your proposal to be processed.)

Date _____ Name of individual making request _____

Organization for which funds are being requested for _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ Email _____

Executive Director or Authorizing Official: _____

Purpose for which funds will be used: _____

Total amount requested: _____

How might the community benefit from this request: _____

Have any other financial resources been considered or applied for? If so, what.

Will revenue be produced by this activity? YES or No

Is your organization a IRS designated 501(c)(3) organization? YES OR NO

Please provide your nonprofit ID number:

Year that your organization was established:

Total annual organization budget for the last 3 years: \$

Organization mission: _____

Primary services of the organization: _____

Thank you for your application to the Smuggler's Foundation. You may submit your completed application to:



C/O Smuggler's Foundation

1675 West Marion Avenue, suite 111

Punta Gorda, FL 33950

Phone 941-637-0077

Or Fax 941-637-6202

FOUNDATION ACTION/ COMMENTS

_____ Date Received ___HH ___CT ___GP ___LCH

_____ Committee Approval

_____ Amount to Fund

Comments _____
