

**Starved Rock Cycling Association
Community Project Application
PLEASE PRINT NEATLY OR TYPE**

Cover Sheet

Name of Individual or Organization: _____

Address: _____

City, State and Zip: _____

Contact Person: _____ **Title:** _____

Contact Phone Number: _____

E-Mail address: _____

Web Page (if applicable) _____

Organization Tax ID Number and/or tax status: _____

Total cost of the project, event, or program must be in our scope of Mission Funding Guidelines (See Form A) "Specifically Bicycle Related Programs in the Community"

Amount requested: _____ **Date when funds needed needed:** _____

Attach the following information PRINTED OR TYPED, and include with this application page.

1. A brief description of the organization's or entity's purpose, goals, and mission.
2. A description of the program, project or event for which funding is requested including its purpose or mission to be achieved (bicycle related), impact for promoting bicycling in the community and how the impact will be measured success of the project, program or event.
3. A budget for the project, program or event relating to the Starved Rock Cycling Association **Mission and Funding Guidelines**, with funding sources, and expenditures.
4. Date that funding will be needed.
5. Is this program, project or event a one time community endeavor?
6. Have you or your organization received funds from Starved Rock Cycling Association in the past? If so, describe.
7. Attach any relevant brochures, media, financial budget/statement, newsletters, media related articles that describe or support the program, project or event.

NOTE: Application page and all supporting documentation may be submitted in hard copy to SRCA, PO Box 2304, Ottawa, IL 61350 or electronically to starvedrockcycling@yahoo.com.