

**Starved Rock Cycling Association
Community Project Application
PLEASE PRINT 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: _____

Include with this cover sheet and attach the following information PRINTED OR TYPED,

- 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 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: Cover sheet and all supporting documentation may be submitted in hard copy or electronically to starvedrockcycling@yahoo.com.