

Funds Request Form

Mission Statement

The Bob Craig Youth Foundation mission is to provide financial assistance to various South-Central Pennsylvania youth programs and organizations which support initiatives dedicated to building and developing the character of our youth through education, athletics and mentoring.

Financial Request Policy:

The Bob Craig Youth Foundation (the “Foundation”) has an established policy to provide financial support for academic and athletic organizations within the South-Central region of Pennsylvania. The Foundation goal is to distribute fairly and equitably to requests that meet our mission statement.

When making a request please submit the following:

1. Fully completed application
2. Supporting documentation in the form of estimates/receipts
3. Explanation of how these funds will be used
4. Explain other ways your organization is fundraising to help defer the costs of project/purchase
5. Explain how BCYF donation will be highlighted in your community
6. For large requests, please be prepared to meet with the Foundation Board
7. Failure to provide all requested information in a timely manner could delay the funding decision

Please make fund requests at least three (3) months prior to the date funding is required.

Requests will be considered at the first scheduled Foundation Board as soon as possible following receipt of the Financial Request Application.

If you have questions, please feel free to contact us.

FUNDS REQUEST APPLICATION

Date Submitted: _____

Name of Organization: _____

Amount Requested: _____

Total amount of funds needed for purchase/project: _____

Date needed by (see parameters above): _____

Purpose (see parameters above): _____

Name(s) of other supporters or sponsors of purchase/project: _____

Name of person making request and contact for follow-up: _____

Contact Phone number: _____

Contact email: _____

Check all that apply:

____ This is a school program – Name of School _____

____ This is a youth program not affiliated with a school

____ This will benefit youth ages K-5, 6-8, 9-12

____ You have made funding requests from BCYF in the past

____ This expense is a recurring expense for our program

____ This expense is a one-time expense

NOTES:

- Previously granted funding does not guarantee future funding approval to a similar organization or for similar purposes.
- Bob Craig Youth Organization is a 100% volunteer organization, you may be asked to help promote volunteer needs and other fundraising events sponsored by the BCYF.