Request for Funds Application To

Gateway To The West Sertoma Club

1435 South 18th Street, Suite 141

St. Louis, Missouri 63104-2500

Name of Organization_____

Address _____

Requester's Name _____

Requester's Address_____

Requester's Daytime Phone Number _____Evening Number_____

Cell Phone Number_____

Are You a Certified Non-For-Profit? ___Yes ___No; Federal ID # _____

Are You United Way Funded? ___Yes ___No ;

Are You Federally Funded? ___Yes ___No

Amount of Funds Requested_____

How many salaried staff members do you employ? _____

What is your organization's annual budget? _____

What % is staff salaries to your organization's annual budget? _____

How many people would directly benefit from your request, if funded? ____

Describe in detail the purpose of the funds and how they would be utilized. Also indicate when the funded are needed.

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_____Signature_____

For Gateway To The West Sertoma Club Use Only

Date Received_____ Date Presented To Membership _____ Action Taken_____

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