



West Fargo Exchange Club • PO Box 522 • West Fargo, ND 58078

Applications must be submitted by the first day of the month to be considered by the Club's Board of Directors at its meeting, which is normally held on the second Tuesday of each month.

Date ____ / ____ / ____
Applicant's Name _____
Address _____
City _____ State _____ Zip _____
Contact _____ Phone (____) _____

Details of Request:

Number of people that would benefit from this donation _____

Mission of applicant _____

Amount requested: \$ _____ *Please include a detailed listing of what funding would be spent on.*

Purpose of request _____

If request is for an event, what is the name and date _____

Are you making efforts to obtain funding through other means? Yes No *If Yes, please list here.*

What is your association with the West Fargo community (resident, non-profit, school, etc.)?

Have you received funding from us previously? Yes No *If Yes, indicate when, the amount and purpose here.*

Is there an opportunity for the Club to receive publicity for this donation? Yes No *If Yes, how so.*

If you receive a donation from the Club for an event, would you be willing to report to the membership following the completion of the event? Yes No

Applicant's Signature _____ Date ____ / ____ / ____

<i>Board Use Only</i>	Date Received ____ / ____ / ____	Date of Board Action ____ / ____ / ____
	<input type="checkbox"/> Approved - Amount \$ _____	<input type="checkbox"/> Declined
	Authorized By _____	Title _____