



GRANT REQUEST FORM

Please complete this form to request funding from the InFirst Responders Foundation.

Date _____ Organization _____
Contact Person _____ Title _____
Mailing Address _____
City _____ State _____ Zip _____
Email Phone _____

Please provide the following information about your organization (circle yes or no).

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Organization is a 501(c)(3) as defined by the IRS (<i>only required for funding from IFR Foundation</i>). | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Organization is a member of InFirst Federal Credit Union. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Organization has received funding from the InFirst Responders Foundation (IFR) in the last five years. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. InFirst FCU or InFirst Responders Team Members currently volunteer with your organization or serve on your board of directors? If yes, please provide further information. | <input type="checkbox"/> | <input type="checkbox"/> |

Please provide the following information about your request.

1. Provide a description of your project/funding request. In addition to this form, please provide any supporting information that will help us understand your request and the impact it will have on the community.

2. Total Project Cost

3. Amount Requested from the IFR Foundation

4. In addition to funding, are you requesting InFirst Responders volunteers for your project?

5. If so, specify total number of volunteers/volunteer hours needed.

Please specify recognition (if any) InFirst Responders will receive if request is approved (naming rights, social media announcement, press release, etc.)