



Request for Contribution

Date: _____ Amount Requested: _____ Amount Approved: _____

Name & Address of Organization _____
Requesting Funds: _____

Name, Phone Number, & Email of Contact Person for Organization: Name: _____
Phone: _____
Email: _____

Describe Project/Program for which funds are being sought:

Total Cost of Program/Project: _____

Total Requested from SSB Foundation: _____

List Additional Sources from whom funds are being sought: _____

Indicate geographical area and population served by request: _____

Please outline budget proposal for this project: _____

List Officers or Board of Directors of Organization: _____

In order to be eligible for funding, the organization must have a 501(c)(3) designation from the IRS. **Please attach a copy of this letter from the IRS.**