



Grant and Sponsorship Request Form

PLEASE REFER TO THE SOCIETY OF ITALIAN AMERICAN BUSINESSMEN 'S CHARITABLE GIVING POLICY BEFORE COMPLETING AND SUBMITTING THIS REQUEST FORM.

Type of Request: Grant Sponsorship Emergency small donation
 Scholarships are requested through the scholarship program

Organization: _____ Date: _____

Physical Address				
City		State		Zip Code
Mailing Address	<input type="checkbox"/> same as above			
City		State		Zip Code
Telephone Number				
Organization Website				
Federal Tax ID Number				
Contact Name & Title				
Phone		Email		
Make Check Payable to	(if approved)			

Organization type: Non-profit/Charity Academic Institution Religious Organization

Year organization was founded: _____

Service area: _____ Number of people served by your program _____

Is the organization registered in the state of Maryland? Yes No

Has the organization received support from the SIAB in the past? Yes No

If yes, when? _____ Amount of support? _____

General nature/purpose of the organization

For sponsorships:

Amount requested: _____

Name of event and event description (including date and location):

For grants/donations:

Grant or Donation type/Amount: _____

(Only requests for grant amounts described by the SIAB will be accepted; urgent need small donations will be individually evaluated. See the SIAB website for our donation policies.)

Please describe in detail how the grant or donation would be used for the purposes of your organization (additional attachments and materials are welcomed):

By signing this document, I verify that I am an authorized agent of the requesting organization and that this organization qualifies for 501(c)(3) tax-deductible contributions as defined by the IRS. Organizations must establish their IRS 501(c)(3) status and provide documentation thereof in order to apply.

Signature: _____ Date: _____

Please mail this application and related material and documentation to:

The Society of Italian American Businessmen
P.O. Box 1844
Bel Air, MD 21014
www.thesiab.org