

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
	Scholarshi	ps are requested through the scholarship program

Organization:	Date:
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Physical Address					
City		State	Zip Code		
Mailing Address	□same as above				
City		State	Zip Code		
Telephone Number					
Organization Website					
Federal Tax ID Number					
Contact Name & Title					
Phone	Email				
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:

Grant type/Amount: ____

(Only requests for grant amounts described by the SIAB will be accepted; urgent/emergency need small donations will be individually evaluated. If not applying for the Large Grants listed on the website, please do note that Small Grants cannot exceed \$2,000. See the SIAB website for our grant policies.)

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

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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