



REQUEST FOR FUNDING APPLICATION

Name of Organization/Group: _____

Contact Person: _____

Address/Location: _____

Phone: _____ Fax: _____

e-Mail: _____

Briefly describe your organization's goals and objectives: _____

If applicable, how many members are in your organization? _____

What communities and/or individuals will benefit from a contribution by Balise?

How will they benefit? _____

Are you an approved 501(c)(3) status organization? _____

Amount or type of contribution/donation you are requesting:
(if there are various levels, please provide details)

If seeking advertising sponsorship, how many receive the publication? _____

Please list ad sizes for advertising, if applicable: _____

As a local advertiser, we can respect deadlines! Please let us know when you need confirmation to this request:

Is any artwork required? _____

If yes, when is the deadline to receive it? _____

Please provide any additional information that may be helpful as we consider your request:

Mail to:

Balise Motor Sales
Community Action Team
122 Doty Circle
West Springfield, MA 01089