



Tebughna Foundation

Preserve, Enhance, Educate & Serve

Community and Cultural Donations Application

- Please type or print clearly, **Attach a Budget.**
- Submit to address at bottom of page or lkapisi@tebughnafoundation.com
- **By Signing below to agree to accept the responsibilities and the terms of the Community & Cultural Donations Guidelines on page 1 of this application**

Name of Applicant Organization: _____ Contact: _____
Project Title: _____
EIN (if known) _____ Phone: _____ email: _____

Mailing Address: _____ Funds Requested \$ _____
Date(s) of Event: _____
Date Funds Needed: _____

Deadline: February 1 April 1 June 1 August 1 October 1 November 1

Purpose: How does the event benefit the community or members involved? If this is annual event - How do you plan to make it self-sufficient? List how you are accomplishing all fundraising for your event. If you need more space, feel free to use a separate paper.

Signature: _____

Date: _____

For TF Staff Use Only:

Date Received: _____ Date Reviewed: _____ Approved _____ Denied _____

Amount Approved: \$ _____ Check # _____ Payable to: _____

Comments: _____