Date:
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## T.O.D.A.Y. FOUNDATION

The Organization Dedicated to Athletics & Youth

## **GRANT REQUEST**

Official Name of Organization:		
City:	State: Zip:	
Type of Organization:	Phone:	
Number of Participants:	Age of Participants:	
What are you requesting?: Merchandise:		
(NOTE: The cash amount will be approved	\$250\$500 Other \$ or declined based on the specific amount requested. The Foundation ups can only make one cash request every 10 months.)	
flow and where with this cash/merchantise	be used: (use extra sheet if necessary).	
Date/Type of Event (if applicable):		
Have you raised other funds/merchandise?	How?	
Have you received a grant from the Foundat	ion within the last two years?	
If yes, how have you acknowledged the Foun	ndation's contribution, e.g. signs, publications, events)?	
Where did you hear about T.O.D.A.Y. Found	dation?	
Applicant's name/title with Org/phone:		
Address:		
City:	State: Zip:	
Signature of Applicant:	Date:	
Please mail to: T.O.D.A.Y. Foundation	Phone: 360-604-1111	

P.O. Box 790

Brush Prairie, WA 98606

www.todayfoundation.com