| Senior Sports                              | THE NEW MEXICO<br>SENIOR SPORTS<br>FOUNDATION |  |  |
|--|---|--|--|
| © 2000 New Mexico Senior Sports Foundation |   | <b>T APPLICATION</b><br>Criteria, and Evaluation Procedures) |  |
| APPLICANT (Organization)                   |   |  |  |
| CONTACT:                                   | TITLE   |  |  |
| MAILING ADDRESS                            |   |  |  |
| CITY                                       | STATE   | ZIP  |  |
| TELEPHONE                                  |   |  |  |
| PROPOSAL<br>TITLE                          |   |  |  |
| REQUESTED<br>AMOUNT                        | IF FUNDED, MAKE CHECK PAYABLE TO              |  |  |
| (Not to exceed \$500)                      |   |  |  |
| TOTAL PROJECT/<br>PROGRAM COSTS: \$        | START<br>DATE                                 | END<br>DATE  |  |

| SSF Use Only     | Date Application Received |        |        |  |
|------------------|---------------------------|--------|--------|--|
| SSF Meeting Date | Approved                  | Denied | Amount |  |
| SSF Chairman:    | ·                         |        |        |  |

- I. AREA OF PURPOSE (Select one):
  - a) Education
  - b) Health & Fitness
  - c) Financial Aid
  - d) Other (explain)
- II. PROJECT DESCRIPTION (Describe the project or program for which you are requesting this grant. Include how this project fits within the category selected above.
- III. PUBLIC GROUP TO BENEFIT (Describe the audience who will benefit or who will receive services as a result of this project or program). Note: IRS regulations prohibit awards of grants where private benefits accrue to the applicant.
- IV. PROJECT PURPOSE: (In one sentence, please state the reason the anticipated overall outcome for this project)
- V. PROJECT GOALS: (In measurable terms, please state the goals this project must accomplish in order to achieve its purpose.)
- VI. STATEMENT OF NEED: (In one paragraph, please explain what will happen if this project does not take place)
- VII. QUALIFICATIONS: (State why your organization and the individuals conducting this project are qualified to do so)
  - a) Organization
    - Is this organization classified as a 501(c)(3) organization by the IRS? \_\_\_\_\_Yes \_\_\_\_\_No (If yes, please attach a copy of the determination letter or your resource in answering this question.)
  - b) Staff/Volunteers
- VIII. BUDGET (Estimate the cost for this project. Add any categories as necessary. (Please attach worksheet)

Personnel Equipment Printing/Publishing Other (Please explain)

IX. EVALUATION: (Describe the criteria to be used in determining the success and impact of this project)

If awarded this grant, will you provide the SSF recognition? If so, how?

Questions? Call the Foundation office at (505) 299-7768. E-mail: info@senior-sports.org. Mailing address: P.O. Box 14579, Albuquerque, NM 87191.