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| **Organization Name** |  |
| **Organization Address** |  |
| **Organization web site (if available)** |  |
| **Organization contact info (Phone, email)** |  |
| **Brief Description of Organization’s Goals, Objectives, Initiatives, Impacts, etc.** |  |
| **Amount requested ($)** |  |
| **Has your Organization requested a donation in the past?** |  |
| **If your Organization requested a donation in the past, was it approved and for what amount?** |  |
| **If approved for a prior donation, how were those funds used?** |  |
| **Use of funds for current request – Benefits to the Cycling Community (please be as specific as possible)** |  |
| **Impact of donation (improved safety, people/population impacted, increased awareness, etc.)** |  |
| **Your Name** |  |
| **Your contact information (phone, email)** |  |