**Andona Fund Request Form**

**All organizations requesting funds from Andona must complete sections 1-8 below.**

**Please type into the form and email to** **president@andona.org****. All fields are required.**

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| --- | --- |
| 1. Youth Organization (Service/Program) Name | Delete this text and type the name of the organization applying for funds and to whom the check would be written. |
| 2. Contact Information | Name and Title:Address:Phone:Email address: |
| 3. Date of Request |  |
| 4. Amount of Request |  |
| 5. Description of how monies will be used to support the service or program.  |  |
| 6. Youth served | Total #:Total # of Andover youth participants: |
| 7. Program’s total budget: | Total amount required to run service/program:  |
| 8. Other sources of funding (please specify): |  |
| Other Relevant Information: |  |
| **FOR ANDONA USE ONLY** |
| **History (prior two years)** | **Amount** | **Description of Request** |
|  |  |  |
|  |  |  |
| Has organization assisted Andona with events such as Clown Town? Yes No |
| Month Reviewed | Sept Oct Nov Dec Jan Feb March April May June |
| Membership Recommendation | Approved: □ Yes Amount: $\_\_\_\_\_\_\_\_ □ No |