**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**](mailto:president@andona.org)**. All fields are required.**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 | |