



Long Realty Cares Foundation offers the "promise of hope to those who need shelter, sustenance and comfort, and the commitment to serve the needs of the communities in which we work and live."

CHARITABLE GRANT REQUEST

Organization Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Mission Statement \_\_\_\_\_

\_\_\_\_\_

Description of Services/Length of Operation \_\_\_\_\_

\_\_\_\_\_

Population Served/Area \_\_\_\_\_

Specific Project or Need That Request Will Fund \_\_\_\_\_

\_\_\_\_\_

How Does This Fit Our Foundation Mission? \_\_\_\_\_

\_\_\_\_\_

Funding Level Requested \$ \_\_\_\_\_ Date Needed \_\_\_\_\_

This application is duplicated for the review process. All documents submitted should be on 8 1/2" by 11" paper with printed information on only one side. Please photo copy odd size pieces, such as brochures, and do not use staples.

For a charitable request to be considered please return:

- 1. Grant request form with all questions answered
2. Copy of your organization's 501(c)(3) tax determination letter
3. Copy of organization's annual financial statements or budget
4. Detailed written description of the project/event for which funds are being requested; if available, include project budget (specifically, like-kind donations & dollar value for an event)
5. Support materials that portray the mission of your organization

The section below is to be completed by a Long Companies sales associate or employee who is a contributor of the Long Realty Cares Foundation and the sponsor of this request.

Sponsor: Review this request with the Foundation Board Member representing your branch office.

Signature of Sponsor \_\_\_\_\_ Printed Name of Sponsor \_\_\_\_\_ Office \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_

Sponsor: Do you participate in supporting the organization making the request? \_\_\_\_\_ If yes, how? \_\_\_\_\_

Long Realty Cares Foundation Board Members representing Long Companies offices review requests each month. For a request to be considered in a particular month, it must be submitted by the first day of that month.

DIRECT CORRESPONDENCES TO:

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Office Use Only
Bdecision \_\_\_\_\_
Pfundng \_\_\_\_\_