



**FLAGSTAFF MARINE LEAGUE CHARITIES**  
P.O. BOX 127  
FLAGSTAFF, ARIZONA 86002-0127  
[www.flagstaffmarineleaguecharities.com](http://www.flagstaffmarineleaguecharities.com)

## **FLAGSTAFF YOUTH PROGRAM (FYP)**

### **Contribution Request Form**

The **Flagstaff Marine League Charities** is dedicated to helping meet the needs of its local community in line with the principles of Flagstaff Marine League Charities FYP Policies. All contribution requests approved by the FYP Screening Committee will be reviewed at the regularly scheduled monthly MLC Board of Directors meeting. All applications must be submitted to the FYP Screening Committee at least 45 days prior to a scheduled Board meeting. All approved requests will be paid by **check only**. Please fill out this form completely and **return all five (5) pages** to the address listed above. The FYP Application Form may be accessed on the Web page: [www.flagstaffmarineleaguecharities.com](http://www.flagstaffmarineleaguecharities.com) and may be submitted electronically. If you choose to print the form and submit it by mail, please type or print legibly using blue or black ink. Please be advised that requests for political contributions or contributions to political causes will not be considered.

#### **Please Note:**

General Contribution Requests, if awarded, should be considered a one-time contribution and should not be anticipated on a continuing basis. The requestor may not attend the FYP Screening Committee meeting or Flagstaff Marine League Charities Board meeting at which the contribution request may be considered.

Members of the Flagstaff Marine League Charities Board of Directors and their families are not eligible to participate in the FYP Program.

The FYP Screening Committee will contact the applicant prior to a formal letter being sent, if the application is being returned, being submitted to the MLC Board of Directors or is being denied by the FYP Screening Committee.

Date of request: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Amount requested: \$ \_\_\_\_\_.00

Name of Organization: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

Name of Organization representative requesting contribution:

Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Position with Organization: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Have you been previously funded in the current FYP contribution cycle (01 January through 31 December)? q Yes q No**

Are you authorized to request funds on behalf of the organization? q Yes q No

Is the Organization a tax exempt 501(c)3 non-profit? q Yes q No

Tax ID Number: \_\_\_\_\_

**If an individual, Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**ONLY** youth under the age of 18 will be considered.

Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Organization to which check is to be made payable in your name:

Address of Organization: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone Number of Organization: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

Name of the Organization's contact representative:

Describe how contribution is to be used. **Please be specific! A request for a contribution must be limited to one specific need or event.** (Attach additional sheets if necessary): \_\_\_\_\_

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Briefly describe the Organization's primary purpose/mission (Attach brochures, pamphlets, if available): \_\_\_\_\_

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Has the Flagstaff Marine League Charities contributed to you or your Organization in the previous 12 months? **q Yes q No**

What other sources of funding have you or your Organization solicited to support this specific project?

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Signature: \_\_\_\_\_

Parent? **q Yes q No**

Legal Guardian? **q Yes q No**

**IMPORTANT NOTE:**

**If the individual is under the age of 18 years, a parent or legal guardian must sign.**

***By signing above, I (we) affirm that the information being provided is true and correct to the best of my (our) knowledge. I (we) also consent, should a contribution be awarded, to the use of the Organization's name and/or the individual's name and other information, logo, photos of the Organization and/or the individual and its agents, etc.in any promotional material generated by The Flagstaff Marine League Charities for their use. I (we) also consent to creating a Public Service Announcement (PSA) about the contribution for local news outlets if so requested by the Flagstaff Marine League Charities. If a contribution is awarded, I (we) also agree to have a representative and/or the individual from the Organization attend a Flagstaff Marine League Charities meeting to formally receive the contribution, if schedules permit. I (we) also agree to provide a Tax Acknowledgement Letter for any contribution given and provide evidence of our 501(c)3 status, if so requested by the Flagstaff Marine League Charities. I (we) agree that this form and any additional information provided to The Flagstaff Marine League Charities about the Organization and/or the individual will be kept and not returned regardless of whether or not the request for contribution is approved or denied.***

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**\*\*\*\*\*FOR FLAGSTAFF MARINE LEAGUE CHARITIES USE**

**ONLY\*\*\*\*\* FYP SCREENING COMMITTEE**

Date request received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Received By: \_\_\_\_\_

**Decision:**

Returned as INCOMPLETE Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Denied Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Forwarded to MLC Board Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Board of Directors**

q Approved q Denied

Amount Awarded: \$ \_\_\_\_\_ .00

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Contribution Mailed: Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

MLC Meeting Date for Presentation,if applicable:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Location for Presentation:

\_\_\_\_\_

Time for Presentation: \_\_\_\_\_

Approval Letter Sent Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Denial Letter Sent Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Letter sent by \_\_\_\_\_