



ROYAL PALMS OF ST. LUCIE INC. 2017-2018 FUNDING APPLICATION

Please print, sign, and mail the completed application to:
Royal Palms of St. Lucie, Inc.
P.O. Box 12334, Fort Pierce, FL 34979

**Applications should be postmarked no later than Friday, August 25th, 2017.
Incomplete applications will not be considered. Thank you for your interest in our
organization.**

Organization Name: _____

Are you an active 501 (c)(3) organization? Yes No

Executive Director: _____ E-mail: _____

Address: _____ Telephone: _____

_____ Fax: _____

Program Director: _____ E-mail: _____

Address: _____ Telephone: _____

_____ Fax: _____

Program Title: _____

Brief Description of the Program:

Please list any Government Grants, including the amount, that your organization receives:

Please list all active members on your Board of Directors and their duties within the Organization:

A. SUMMARY OF ORGANIZATION

1. Provide a brief summary of your organization including areas of expertise, accomplishments, and population served.

B. SUMMARY OF PROGRAM

1. Briefly describe program activities including location of services.

2. How would you use these donations to enhance your program?

3. How will the target population be made aware of the program?

C. PROJECTIONS FOR CLIENTS SERVED

1. Please identify the population served for the program you are applying for.

Number of Clients by Age/Gender				
Location	Last Fiscal Year Actual 2016/2017		Current Fiscal Year Budget 2017/2018	
	Male	Female	Male	Female
0 to 4 - (Pre-school)	-	-	-	-
5 to 10 - (Elementary)	-	-	-	-
11 to 14 - (Middle)	-	-	-	-
15 to 18 - (High School)	-	-	-	-
<i>Total Children</i>	-	-	-	-
19 to 59 - (Adults)	-	-	-	-
60 + (Seniors)	-	-	-	-
<i>Total Adults</i>	-	-	-	-
TOTAL SERVED	-	-	-	-

D. ORGANIZATION REQUESTS

- 1. Please submit a wish list of your top three items that the Royal Palms can provide for your organization. We are asking for this list to be for tangible items that will remain in the facility. All donated items must remain in the organization facility or be used by the organization personnel. (Examples of items donated in previous years iPad, television, freezer, and pack and plays.) Please provide a list of smaller items (i.e., school supplies, canned goods, diapers, etc.) for our monthly service drives that the Royal Palms can provide for your organization. (Please use additional pages if needed)**

- 2. Does your organization have any planned community outreach projects or volunteer needs that the Royal Palms could assist with? If so, please provide a brief explanation and include the contact information of the organizer.**

The following signatures indicate all information provided in this application are true and approved by the Board of Directors.

Name of President/Chair of the Board: _____

Signature: _____ **Date:** _____

Name of Executive Director/CEO: _____

Signature: _____ **Date:** _____