



Post Office Box 1624  
Coos Bay, Oregon 97420

REQUEST FOR FUNDS

Date: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

APPLICANT: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

POSITION: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

DATE ORGANIZATION FOUNDED: \_\_\_\_\_, \_\_\_\_\_

TAX I.D. #: \_\_\_\_\_ FISCAL YEAR ENDS: \_\_\_\_\_

NAMES OF OFFICERS AND DIRECTORS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(YES) (NO)

\_\_\_\_\_ 1. Incorporated as a non-profit organization?

\_\_\_\_\_ 2. Tax exempt status granted.

\_\_\_\_\_ 3. Is the request for operating expenses?

\_\_\_\_\_ 4. Are you applying to other sources for the same funds?

\_\_\_\_\_ 5. Is there a deadline for receiving funds?

If yes, date: \_\_\_\_\_

BAY AREA SPORTSMAN'S ASSOCIATION, INC.

A NON-PROFIT FOUNDATION

www.basainc.org