

Latino Network

Request for Donation/Sponsorships

Requests for funds (donation/sponsorship) are to be aligned with the mission of Latino Network. The Board of Directors reviews all requests to ensure proposals fit the criteria, and are within the organization's approved budget. All requests are subject to Board of Directors approval.

Guidelines for consideration by Latino Network:

1. Requests for a third party will not be considered.
2. Organizations are limited to one donation/sponsorship per calendar year.
3. Requests must be submitted 3-4 weeks in advance of event.
4. When applicable, attach a copy of the organization's 501(c) (3) documentation.
5. In limited situations, the Board of Directors reserves the right to override guidelines.
6. Requests may be mailed to Latino Network, PO Box 20615, Riverside, CA 92516

Please click on each gray box in order to enter text to complete all sections on both sides of this form. If not applicable, please indicate. Do not leave any sections blank, or the request will not be considered.

<b style="color: #e67e22;">Organization Information Name of Organization: Tax ID number: Address: _____ City: ___ State: _____ Zip Code: _____	
<b style="color: #e67e22;">Contact Person Information Name: Affiliation: Telephone Number: Email:	
<b style="color: #e67e22;">Payment Information (if funding request is approved) Check should be made out to: Check should be sent to the attention of: <i>Please note: The check will be mailed to Organization Address listed above. If a there is a change, please contact Latino Network staff.</i>	
<b style="color: #e67e22;">Event/Project Information	
Date of request:	Date of event/funds required:
Amount requested:	
Specify the event/project for which a funds are requested, and how it aligns with the mission of Latino Network. <i>[2,250 characters]</i>	

How will Latino Network be acknowledged for this event?

Involvement with Latino Network

How have you or the organization participated with Latino Network in the past? [450 characters]



Have you requested funds from Latino Network in the past? No Yes [If yes, please complete the chart below.]

Date requested DD/MM/YYYY	Amount requested	Purpose	Approved? Y or N	If yes, amount approved
	\$			\$
	\$			\$

Comments: [450 characters]

Signature of applicant:

Date:

Board of Directors Action:

Date request received:	Is request complete?
Date of Board action:	Approved as requested? Y N
	If no, action taken:
If approved, date payment made and method: _____	
Check number: _____	
Electronic funds – date: _____	