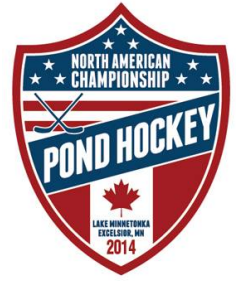




# DWB Memorial Foundation

4711 Shady Oak Road Hopkins, Minnesota 55343  
pondhockeyexcelsior.com  
golfforbiggy.com



## Application to Receive Funds

First Request     Renewal Request    Date of Request: \_\_\_\_\_

Name of Organization or Individual to Receive Funds: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Website \_\_\_\_\_

IRS Charitable Status \_\_\_\_\_ Federal Tax-Exempt Number (EIN) \_\_\_\_\_

Date Organization Began \_\_\_\_\_ Number of Paid Staff \_\_\_\_\_

Geographic Area Served \_\_\_\_\_

Beneficiary Groups (adults, children, income level, etc.) \_\_\_\_\_

Organization can provide volunteers for     Yes - Golf Event     Yes - Pond Hockey Event     No

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

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**Reason for Requesting Funds for the Organization or an Individual** (attach additional sheets if necessary.)

**How will funds be used** (attach additional sheets if necessary?)

Application must be received by deadline posted on website.

**Organizations must include the following:**

- Description of Organization
- List of Board Members
- Organizational Expenses and Income
- IRS Form 990
- IRS Determination Letter