

Chenoweth Endowment Fund
Gulf Winds Track Club
Tallahassee, Florida

REQUEST FOR EVENT/ORGANIZATION FUNDING
(Please type or print clearly. Use additional sheets if needed.)

Organizations Name _____

Year Organization was Established _____ Nonprofit Organization Yes _____ No _____

Address _____

City _____ State _____

Zip _____

Contact Person _____

E-mail address _____

Phone _____ GWTC Member Yes _____ No _____

Other Running Affiliations/Memberships _____

Event or Activity Seeking Funding _____

Date of Activity _____

Amount of Funding Requested _____

Prior Request for Funding Yes _____ No _____

If yes, when _____ Amount Received _____

1. Purpose of organization _____

2. Purpose of event/activity to be funded _____

3. Benefit to organization from participation in this event _____

4. Specific need (include expected expenditures) or proposed use of funding _____

Signature _____

Date _____