

APPLICATION FOR KSRA FUNDING

NAME OF ORGANIZATION _____

NAME AND TITLE
OF CONTACT PERSON _____

CONTACT PHONE# _____ CONTACT EMAIL _____

ADDRESS _____

CITY, STATE, ZIP _____

IS THE CONTACT PERSON RESPONSIBLE FOR FILING FINAL REPORT? _____

IF NOT, PROVIDE NAME AND CONTACT INFORMATION OF PERSON RESPONSIBLE:

NAME AND TITLE _____

PHONE _____ EMAIL _____

ADDRESS _____

CITY, STATE, ZIP _____

DESCRIPTION OF ACTIVITY OR EVENT

OBJECTIVES AND GOALS:

AMOUNT OF SUPPORT BEING REQUESTED: \$ _____

DATE OF EVENT _____ TIME OF EVENT _____

LOCATION OF EVENT

NUMBER OF PARTICIPANTS EXPECTED _____ (Estimate if unknown)

WILL PARTICIPANTS BE CHARGED A FEE? _____ IF SO, HOW MUCH? _____

WILL THE EVENT MAKE A PROFIT? _____

IF SO, HOW WILL THE FUNDS BE USED?

WHERE SHOULD THE FUNDS BE MAILED?

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

ENTITY TO WHICH CHECK SHOULD BE MADE PAYABLE _____

DATE CHECK NEEDED BY _____

AMOUNT REQUESTED OR RECEIVED FROM ANY OTHER SOURCES

NAME OF SOURCE _____ AMOUNT \$ _____

NAME OF SOURCE _____ AMOUNT \$ _____

NAME OF SOURCE _____ AMOUNT \$ _____

NAME OF SOURCE _____ AMOUNT \$ _____

BUDGET FOR THE ACTIVITY OR EVENT

PROMOTIONAL \$ _____

AMMUNITION, TARGETS, EXPENDABLE SUPPLIES \$ _____

TRAVEL REIMBURSEMENT \$ _____

EQUIPMENT PURCHASE OR RENTAL \$ _____

FOOD \$ _____

ACCOMODATIONS \$ _____

AWARDS AND RECOGNITION ITEMS \$ _____

OTHER – SPECIFY DESCRIPTION OF ITEMS \$ _____

TOTAL \$ _____

OTHER ITEMS DESCRIPTION:

