



WE RIDE FOR THOSE WHO CAN'T

Run for the Wall® Benevolence Fund Award Application

- A) Please answer all questions in ink, leaving no blank spaces.
- B) The application must be signed and dated
- C) When answering questions, please use a separate sheet of paper if space provided is insufficient.
- D) -- PLEASE PRINT OR TYPE --

APPLICANT INFORMATION:

Name of Person or Requesting Organization:

Name and Title of Contact Person (person completing application):

Area Code/Phone Number: (____) _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address:

Email Address: _____ Website: _____

Applicant is:

Partnership / Corporation / Other: _____ Tax ID #: _____

Non profit? ~~Yes~~ ~~No~~ IRS 501(c)(3)? ~~Yes~~ ~~No~~

Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries?

If Yes explain:

Any operations sold, acquired, or discontinued in the last five years?

Yes / No

Number of employees: Full-Time Staff _____ Part-Time Staff _____

Financial information:

Past twelve months:

Gross Income \$ _____

Staff Payroll \$ _____

Subcontractor Payroll \$ _____

Estimate of next twelve months:

Gross Income \$ _____

Staff Payroll \$ _____

Subcontractor Payroll \$ _____

List Branch Offices and Addresses, if any:

Do you work from home or a separate office? _____

Date business was established: _____



Run for the Wall® Benevolence Fund Award Application

Please describe: 1.: the intended use for any funds and 2.: the direct benefit for veterans and their families if RFTW were to award your organization funding. Please be Specific (attach extra sheets if needed):

Amount of award requested: _____

Eligibility for Awards

To be eligible for an award, the charity selected must have a mission and values consistent with those of RFTW, Inc. It is preferred, but not required that the charity be a non-profit organization and have IRS 501(c)(3) tax exempt status.

The charity must **provide a direct benefit for veterans and their families and must be structured where any monies awarded by RFTW, Inc. are used for that direct benefit** and not utilized for administrative or other purposes. This benefit may occur in the form of advocacy, direct assistance, public education and awareness, or other similar activity.

No awards will be made to individuals. No educational scholarships will be awarded to individuals. Awardees are required to acknowledge the gift and to report how the funds provided were used.

Annual nominations will be accepted from the broader RFTW community in a manner specified by the Steering Committee.

I hereby declare the above statements and particulars are true, and that I have not suppressed or misstated any facts.

Name of Applicant in behalf of organization: _____

Signature: _____

Title: _____

Date: _____

RFTW Board of Directors Use:

Received date: _____

RFTW, Inc. Board Review date: _____

Award Granted: Yes / No

Amount: _____