



COURAGE AWARDS GRANT APPLICATION

Due by May 30, 2017

Organization Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Ext.: _____ Fax: _____

Chief Executive Officer: _____

Title: _____

Proposal Contact Person: (If different than the Chief Executive Officer)

Proposal Contact Person Title: _____

Proposal Contact Person Telephone: _____ E-Mail: _____

Is your Organization designated as a 501(c)(3)? _____

Amount Requested: \$ _____

Type of Support: (operational or program)

Program name: (for program requests only) _____

Agency Revenue Budget: (for year of grant) \$ _____

Program Budget, if applicable: (for year of grant) \$ _____

Please provide a brief description of the proposed use of any funds provided by this grant (continue on next page or attach another sheet if necessary):

Please return this application to:

Tempe Sports Authority Foundation
7650 South McClintock Dr., #103
PMB 284
Tempe, AZ 85284

-or-

tsaf100@yahoo.com

Should you have any questions, contact:

John Bebbling, Board Member
Tempe Sports Authority Foundation
(480) 838-5856

-or-

Steve Rich, Board Member
Tempe Sports Authority Foundation
(602) 710-2600

(Signature)

(Title)