



GRANT REQUEST FORM

Please complete this form to request funding from the InFirst Responders Foundation.

Date _____ Organization _____

Contact Person _____ Title _____

Mailing Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Please provide the following information about your organization (circle yes or no). Yes No

1. Organization is a 501(c)(3) as defined by the IRS (*only required for funding from IFR Foundation*).
2. Organization is a member of InFirst Federal Credit Union.
3. Organization has received funding from the InFirst Responders Foundation (IFR) in the last five years.
4. InFirst FCU or InFirst Responders Team Members currently volunteer with your organization or serve on your board of directors? If yes, please provide further information.

Please provide the following information about your request.

1. Provide a description of your project/funding request. In addition to this form, please provide any supporting information that will help us understand your request and the impact it will have on the community.

2. Total Project Cost

3. Amount Requested from the IFR Foundation

4. In addition to funding, are you requesting InFirst Responders volunteers for your project?

5. If so, specify total number of volunteers/volunteer hours needed.

Please specify recognition (if any) InFirst Responders will receive if request is approved (naming rights, social media announcement, press release, etc.)