



TOWN OF PLAISTOW
145 Main Street
Plaistow, New Hampshire, 03865
Tel: 603-382-5200 Fax: 603-382-8173

RECREATION LEAGUE DONATION APPLICATION

League Name : _____

Address: _____

Telephone: _____ Fax: _____

E-Mail Address: _____

Website: _____

League Contact Person: _____

Business Office Contact Person: _____

Business Office Address: _____

Telephone: _____ Fax: _____

Federal ID#: _____

CHECK ONE OR MORE:

IRS Status: Private _____ Non-profit _____ Charitable _____

Policy Making Body: Board of Directors _____ Advisory Committee _____

Board Officers Names, Titles & Addresses:

Organizations Purpose: _____

Amount of Funds Requested: _____

Specific purpose for which funds are requested: (attach copies of all related invoices or documentation to support this request)

List amount of funds received from ALL OTHER SOURCES, including but not limited to other towns, State, Federal Government, County, fundraising, etc.:

List other leagues offering same services to Plaistow:

List reasons Plaistow should fund duplicate services:

Please list State accreditations, permits, etc.: _____

Please list all league affiliations: _____

List other towns who have residents playing in your league: _____

Please list number of volunteers and their positions: _____

Do you require all of your coaches, assistants, referees, umpires, etc. to successfully complete criminal background checks? _____ If not, please explain: _____

Do you require all of your coaches, assistants, referees, umpires, etc. to successfully complete medical / first aid training? _____ If not, please explain: _____

Number of Plaistow residents registered in your league in the previous year: _____

Number of Plaistow residents expected to register in your league for current year: _____

Total number of individuals registered in previous year: _____

Total number of individuals projected to register for current year: _____

Charge/registration fee to each individual for previous year: _____

Charge/registration fee to each individual for current year: _____

Number of teams in your league: _____

Number of individuals per team: _____

What is the total current balance of all bank accounts and investments of your association: _____

	Previous Year	Current Year	Projected Year
Operations Expense:			
Administrative Salaries:			
Professional/Full Time:			
Part Time Salaries:			
Coach Salaries:			
Assistant Salaries:			
Umpire/Referee Salaries:			
Misc. Salaries: (Please Specify)			
Employee Health/Benefits:			
Insurance Expenses:			
Payroll Taxes:			
Operating Supplies:			
Equipment Purchases:			
Field Usage Fees:			
Landscaping Fees:			
Rent:			
Postage:			
Telephone:			
Utilities:			
Transportation Expenses:			
Conference Expenses:			
Fund Raising Expenses:			
League/ Assoc. Fees:			
Subscription/Publications:			
Capital Expenditures: (Please Specify)			
Misc. Expense: (Please Specify)			
Liability Insurance:			
League Insurance:			
Other:			
TOTALS:			

Please write or attach any additional data you feel may be of value in reviewing this budget.

By signing below, I hereby state that the information as contained in the within application is true and accurate to the best of my knowledge and belief. If I, or the league, learn of a discrepancy, the league will notify the Town of Plaistow accordingly.

I further acknowledge that this is merely a request for funds and that I, and the league, understand that funds are not guaranteed by the Town of Plaistow and that funding may be denied for any reason as determined by the Town or its agents.

Date

Signature of Authorized Person to Request funds on behalf of this league

Printed Name

Title