



Safe Alliance of Interfaith Leaders, Columbus

APPLICATION FOR FINANCIAL ASSISTANCE WITH MARCH EXPENSES

NAME OF NON-PROFIT ORGANIZATION _____

501c3 # _____ WEBSITE _____

Business Address _____

NAME OF CONTACT _____ EMAIL _____

SECONDARY CONTACT _____ EMAIL _____

I. PLANNING FOR MARCH

City and State _____ Date April 29, 2018

Endpoint Address _____ Staging Area Address _____

III. FUNDING REQUEST

Please itemize expenses that you have for which you are requesting assistance. Please look into the cost of permits that you may need and the cost of hiring off-duty officers, as these are typically the biggest expenses.

II. ORGANIZING / FUNDING EFFORTS TO DATE

What you have done so far to reach out to co-sponsors and raise money? Please list co-sponsors you have reached out to. (We would recommend asking for a minimum of \$50 from co-sponsoring organizations. include specific dollar figures and remember that this is a matching grant; the more you raise, the more we can offer).

IV. TERMS OF AGREEMENT AND SIGNATURE

*The mission statement of the Interfaith March for Peace & Justice, as promoted by the Safe Alliance for Interfaith Leaders (S.A.I.L.), is a copyrighted concept with a specific purpose and scope. The sole intended purpose, as stated in the "Guidelines for Assembly," is as follows: **It is our intention to affirm the freedom of religion (guaranteed by the 1st Amendment of the U.S. Constitution) and to condemn all acts of discrimination, harassment, intimidation, or violence directed at people because of their religion, race, or place of origin.** By submitting this application, you agree that, should any funds be provided by S.A.I.L. to your organization, your organization will maintain this specific purpose and scope. You also agree that no items containing the "Interfaith March for Peace & Justice" logo will be sold for individual profit or gain; any revenue generate by such sales will be directed to expenses related to this march or to the promotion of interfaith events by your organization.*

Signature

Date

OFFICE USE ONLY

Date of Review: _____

Reviewer 1 initials _____ Reviewer 2 initials _____ Reviewer 3 initials _____

Approval Status: Approved _____ Not approved _____ Partial approval _____ Pending approval _____

Amount to be dispersed to organization: _____

Date of correspondence with applicant: _____

Notes:
