

Completed forms should be sent to:
Michael Capriotti
200 E. Dale St.
Syracuse, NY 13206
463-0070

NEW YORK STATE BASEBALL UMPIRE'S ASSOCIATION
SYRACUSE CHAPTER
Tony DeVivo Memorial Community Endowment Fund
APPLICATION FOR FUNDS

NAME OF NON-PROFIT ORGANIZATION/INDIVIDUAL SEEKING FUNDS: _____

NAME OF CONTACT PERSON: _____ PHONE: _____

ADDRESS OF CONTACT PERSON: _____

AMOUNT REQUESTED: \$ _____ TOTAL COST RELATED TO THIS REQUEST: \$ _____

STATEMENT OF NEED (include how and when funds will be used): _____

STATEMENT OF OTHER SOURCES OF FUNDS/FUND RAISING EFFORTS: _____

(Use additional paper if needed. Attach any appropriate documentation to the form; e.g. budget, charter, by-laws.)

AGREEMENT: I/We agree that should I/we be awarded funds from the Tony DeVivo Memorial Community
Endowment Fund:

- (a) the award will be used only for the purpose(s) stated in this application, and
- (b) that no portion of the award will be used to pay salaries, rent, utility bills, telephone bills,
postage or other administrative costs or expenses associated with the day to day operation
of our organization, and
- (c) that upon request of your committee I/we shall provide documentation demonstrating how the
award was actually spent or used.

SIGNED: _____ DATE: _____

FOR COMMITTEE USE ONLY

DATE RECEIVED: _____

DATE(S) REVIEWED: _____

COMMITTEE DECISION (include amount awarded, if any): _____
