

**Detroit Red Wings Alumni Association  
Grant Application Form +  
Summary of Financial Data**

Please type or print legibly on this form, or use the identical format on your computer system to answer the following information.  
Fill in completely, and DO NOT USE "See Attached."

E-Mail Address: \_\_\_\_\_  
Organization Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City - State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Contact Person(s): \_\_\_\_\_  
Grant Amount Requested: \$ \_\_\_\_\_  
Amount Given Last Year : \$ \_\_\_\_\_  
Amount Given 2 years ago : \$ \_\_\_\_\_  
Amount Given Year 20\_\_\_\_ \$ \_\_\_\_\_

**Focus Area**

( Please circle one only ):

- 1. Encouraging those less fortunate
- 2. Supporting and encouraging amateur hockey - athletics

**Organization Description** (Please keep responses to the length given, using 3 or 4 sentences to discuss when the organization originated, mission of the organization, and your goals/objectives)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Description of how the grant funds would be used and expected results** (Please be concise and describe if this is for a one time "new" project, an established program, community need that would be met, the population served, expected results, and how you would measure results):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Summary of Financial Data

Budget for the period : \_\_\_\_\_ to \_\_\_\_\_

Organization fiscal year : \_\_\_\_\_

Budget / Current Fiscal      Actuals / Most Recently Completed  
Year Ending \_\_\_/\_\_\_/\_\_\_      Fiscal Year Ending \_\_\_/\_\_\_/\_\_\_

	\$	%	\$	%
<b>Revenue:</b>				
Earned	_____	_____	_____	_____
United Way (if any)	_____	_____	_____	_____
Individuals	_____	_____	_____	_____
Foundations/Corporations	_____	_____	_____	_____
Government	_____	_____	_____	_____
Special Event Income	_____	_____	_____	_____
Investment Income	_____	_____	_____	_____
Other Income	_____	_____	_____	_____
<b>Total:</b>	<b>\$ _____</b>	<b>100%</b>	<b>\$ _____</b>	<b>100%</b>
<b>Expenses:</b>	<b>\$</b>	<b>%</b>	<b>\$</b>	<b>%</b>
Program	_____	_____	_____	_____
Development	_____	_____	_____	_____
Administrative	_____	_____	_____	_____
<b>Total:</b>	<b>\$ _____</b>	<b>100%</b>	<b>\$ _____</b>	<b>100%</b>
Excess ( Deficiency )	\$ _____		\$ _____	
Start Fund Balance	\$ _____		\$ _____	
End Fund Balance	\$ _____		\$ _____	

**NOTE:** Any "grant awards" given by the Detroit Red Wings Alumni Association, Inc. are subject to random audits by the Alumni and its representatives. Any organization receiving full and/or partial "grant awards" are subject to financial and operational review. Your organization's acceptance of such grant money, if any, gives the Alumni the right to audit any and all of the necessary records to ensure that your organization complied with the guidelines set forth in your project budget and description of how your organization was going to spend the monies received. This ensures the Alumni that your organization was fiscally responsible and accountable for how the finances were allocated in accordance with the documentation you provided. Should an audit by the Alumni find that your organization did not comply with the description of how grant funds would be used, we reserve the right to demand full repayment to the Alumni of all grant award funds which were provided to your organization that were not allocated and spent within the guidelines/description which you specified. Your signature below attests to your full and complete understanding of this agreement, and any funds your organization may receive through a "grant award." We thank you for your cooperation in working with the Detroit Red Wings Alumni.

\_\_\_\_\_  
Signature of Executive Director / CEO      (Date)

For Further Information Contact :  
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