

FINANCIAL INFORMATION

Funding Source	Amount Requested	Amount Committed

Fiscal Year _____ to _____

FINANCIAL INFORMATION

Fiscal Year _____ to _____

Organization's total operating budget: _____

Sources of Support: _____

Does the organization have annual outside audits? (Circle one) Yes No _____

If No, please explain: _____

Is a copy available upon request? (Circle one) Yes No _____

If No, please explain: _____

Has your organization received a grant from The Atlanta Thrashers Foundation within the past 12 months? (Circle one) Yes No _____

Signature of the chief staff person and volunteer officer of the Board, indicating the Board's approval of this request and certifying that the organization does not discriminate on the basis of race, color, age, sex or national origin. This signature also certifies the organization's commitment to file reports detailing the grant's use as indicated in this application.

Print Name (*Chief Staff Person*)

Print Name (*Volunteer Officer of the Board*)

Signature

Signature

Title

Title