

Request for Funds Application

Our Mission:

ME's Team Foundation makes a significant impact on the well-being of the children on the Treasure Coast with the support of our community through teamwork. We believe that when it comes to children's health & wellness and sports & education, we all have a role to play.

Please take this into consideration before you complete this application. We will only provide funding if your request aligns with our mission.

To which Foundation	issue area(s) does	your reque	st relate (ci	rcle each one th	at applies)
Children's health	Children's well	ness You	ıth sports	Children's edu	ucation
Circle the Flori	da county where t	he recipient	c(s) or organ	iization are loca	ted:
Martin County	St. Lucie County	Indian Riv	er County	Okeechobee (County
Date submitted: Date funds needed by Name of individual or or	rganization reques	ting funds:			
EIN					
Type of organization (ci	rcle)				
For-profit Non-profit	– U.S. 501(c)3 Ir	ndividual	Other:		



Number of children that benefit from your organization
Number of children that will directly benefit from these funds
Please describe the project where these funds will be allocated
Please list how these funds are allocated, including dollar amounts
What is the total dollar amount requested? Amount allocated per child: What is the total project budget?
Would the families of the children benefitting from these funds be able to financial afford this program without support from M.E.'s Team?

P.O. Box 249 Jensen Beach, Florida 34958

NO

YES



riease provide the physical address for the individual of organization requesting these funds					
Please provide information for M.E.'s Team to contact you:					
Contact person:					
Contact person title:					
Mailing Address:					
City:					
Postal Code:					
Phone number:					
Email:					
Website:					
After completing this request, you will receive a confirmation email. The M.E.'s Team Foundation Board of Directors will review your request and respond as soon as possible.					
By signing this page you attest that the information provided is accurate and complete.					

Thank you for your interest in M.E.'s Team Charitable Foundation.

Please return this application to the address below: