



**Our mission:** Breaking Boundaries celebrates diversity and supports the underserved in Eastern Idaho through direct involvement and sharing of funds with local organizations. Diversity in cultures and ideas results in stronger, richer and more welcoming communities. Breaking Boundaries raises awareness of the diversity in our communities, and supports those who are underserved. In addition, we promote coordination and cooperation among organizations caring for those living with HIV/AIDS in Eastern Idaho.

## Request for Funding

### General Guidelines:

- The Requester must be a group or individual with a funding request for a program/project/event that fits the purpose, scope and mission of Breaking Boundaries. Note that preference will be given to activities of groups rather than individuals to maximize the number of lives touched and the impact of Breaking Boundaries' giving.
- The impact of the program/project/event for which funding is requested must be felt within the region of Eastern Idaho.
- Requests are considered on a monthly basis by the Board of Directors of Breaking Boundaries or its designees. The completed Request for Funding Form must be submitted prior to consideration of the request by the Board. On or before the 15<sup>th</sup> of the month, return completed form by mail to P.O. Box 50844, Idaho Falls, ID 83405, or deliver personally to a Breaking Boundaries Board member. Requests not received by the 15<sup>th</sup> may be deferred until the following month.
- The Requester must promote and provide recognition to Breaking Boundaries and its mission.
- This form is used to request funding of a program/project/event from the Breaking Boundaries "Diversity" Fund. Requests to fund medical care or expenses of those living with HIV/AIDS in Eastern Idaho are considered and funded separately, through the Breaking Boundaries "Care" Fund, and should originate through Case Managers in Public Health District 6 and 7. Please call 208.533.3213 to present HIV/AIDS medical care or expense funding requests.)
- Use additional pages if needed.

Requesting Organization or Individual:

Primary Contact's Name (if other than above):

Address:

Phone:

Email:

Fax:

Is the Requester a duly-approved 501(c)(3) organization? Yes  No

Website (if applicable):

Requester's Mission Statement or purpose:

Amount Requested: \$ \_\_\_\_\_

How will the money be used? (Describe the project/program/event the funds would support.)

How has the need for this project/program/event been determined?

Who will benefit from this request – and how?

This request is for All  or Part  of the project/program/event.

Requester's budget for this particular project/program/event: \$ \_\_\_\_\_

If the total cost of the project/program/event is greater than the amount requested from Breaking Boundaries, submit budget and documentation showing how you plan to accomplish the remainder of your fundraising. Please include amounts and sources of pledges received to date for the project/program/event, and/or other funding sources to which you have applied, together with amounts that have been requested from each. *Note that if this Request is funded, Breaking Boundaries expects timely evidence of project/program/event completion, and if the project/program/event is not completed, refund of amounts granted.*

Is this a local , statewide , or nationwide  project/program/event? If statewide or nationwide, please describe the local impact within the region of Eastern Idaho.

Have you sought funding from Breaking Boundaries in the past? Yes  No  If yes, when, and for what purpose?

Was your prior request(s) funded by Breaking Boundaries? Yes  No  If yes, in what amount? \$ \_\_\_\_\_

Is this an annual project/program/event? Yes  No

If yes, how will this project/program/event be funded in the future?

Date of project/program/event (if applicable):

What date will communications and marketing for this project/program/event begin?

If this request is funded, how (specifically) will Breaking Boundaries be acknowledged?

Requester's total annual operating budget: \$ \_\_\_\_\_

\_\_\_\_\_ % from private donations

\_\_\_\_\_ % from government grants

\_\_\_\_\_ % other (please specify)

Narrative description of how project/program/event promotes the Requester's mission:

Narrative description of how project/program/event supports Breaking Boundaries' mission:

Date request submitted:

Date funding decision is needed:

Date funds are needed: