



# Foundation for Carson City Parks and Recreation

PO Box 3266, Carson City, NV 89702-3266 - 775-883-4154 - EIN 47-4750761

## Request to Open an Account with the Foundation

In making the following request, it is understood that the Foundation for Carson City Parks and Recreation ("FCCPR") will follow standard accounting practices in maintaining an account for the applicant organization, but is otherwise not responsible for the disbursement or use of any funds in this organization's account. Under this process, 501(c)(3) organizations are exempt. In order to set up an account, the applicant organization, or an individual member of that organization, must become a paying member of FCCPR. Basic membership is \$25 per year, non-profit organization membership is \$50, and for-profit business membership is \$100. FCCPR will use this form to set up a separate account, solely for the purpose of the organization. If the account becomes inactive for a period of over three years, excess funds from the designated project may be transferred or distributed to other projects at the discretion of the Board of FCCPR.

1. Account/organization name: \_\_\_\_\_

2. Contact name, address, phone number: \_\_\_\_\_  
\_\_\_\_\_

3. Purpose of Organization: \_\_\_\_\_  
\_\_\_\_\_

4. What is the primary purpose of the funds you are placing in this account? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What resources will be used to complete your purpose, as stated above? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. If your project requires on-going maintenance, how will you fund it? \_\_\_\_\_  
\_\_\_\_\_

7. Do you wish to have the FCCPR help publicize fund raising events? Yes/No (circle one)

8. May the FCCPR participate in the organization's fund raising events? Yes/No (circle one)

The FCCPR intends to work with every organization with which it has an agreement, in terms of mutual publicity sharing and perhaps helping with fund raising. Applicant's signature indicates his/her agreement to the terms of this document.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by Parks & Recreation Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Date approved by FCCPR Board: \_\_\_\_\_ Date: \_\_\_\_\_

(Acct. ID: \_\_\_\_\_)

*Pres., FCCPR*

**9. Timeline section**

How long do you anticipate needing FCCPR assistance/affiliation?:

\_\_\_\_\_ One year, \_\_\_\_\_ Two years, \_\_\_\_\_ Other (specify): \_\_\_\_\_

Please list possible milestones in your project. Use additional sheet, if necessary:

Date:	Activity/accomplishment:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**10. Budget and financial considerations**

By time periods of your choosing, what funding do you anticipate **raising** for your project?:

From date:	To date:	Amount:
_____	- _____	_____
_____	- _____	_____
_____	- _____	_____
_____	- _____	_____

By time periods of your choosing, what funding do you anticipate **being spent** for your project?:

From date:	To date:	Amount:
_____	- _____	_____
_____	- _____	_____
_____	- _____	_____
_____	- _____	_____

**11. Key individuals**

Please list key individuals (project managers, board members, officers, etc.) involved in your project:

Name:	Address:	Phone no.	Role:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____