



SC Upstate Equine Council
PO Box 391
Sandy Springs, SC 29670

Request for Funds from South Carolina Upstate Equine Council

Name of Beneficiary: _____

Address of Beneficiary: _____

Name of Contact Person: _____

Phone# _____

Are you a Non-Profit?

 Yes

Tax ID #: _____

 No

Are you a 501c3?

 Yes No

Amount of Request: \$ _____

Purpose of Request (please attach an addendum if necessary to fully explain your request):

Are funds being obtained from other sources for this project?

 Yes No

If yes, name of other contributors: _____

When will funds be expected? _____

What is the total cost of project? _____

When will project be completed? _____

How does this opportunity align with SCUEC's mission? _____

I understand that SCUEC is an all volunteer, non-profit organization and often in need of volunteers willing to help support their fund-raising efforts. I and/or my organization are willing to support SCUEC with volunteer hours during their fundraisers.

 Yes No

Opportunities to Volunteer:

April Spring Fling Horse Show

of hours:

Spring Trail Maintenance/Clean-up

of hours:

Fall Trail Maintenance/Clean-up

of hours:

Signature: _____

Date: _____

Board action:

Approved on: _____

More Info requested: _____

Check issued on: _____

Tabled: _____