SC Upstate Equine Council PO Box 391 Sandy Springs, SC 29670		Request for Funds from South Carolina Upstate Equine Council			
		SCUEC Website: SCUEC Email:			
Name of Beneficiary:					
Address of Beneficiary:				Cou	inty:
Website:					
Are you a Non-Profit?	Yes		No		
Are you a 501c3?	Yes		No	Tax ID #:	
Contact Person:				Phone#	
Email Address:					
Amount of Request:	\$	Purpose of Reques	t (please attach an ac	ldendum if necessary to	fully explain request):
Are funds being obtaine	ed from other sou	urces for this project?	[Yes	No
If yes, name of other co	ntributors:				
When will funds be expected?			What is the total o	ost of project?	
When will project be co	mpleted?		_		
How does this opportunity align with SCUE		UEC's mission?			
Opportunities to Volunt April Spring Fl	on is willing to su lunteer time is re nizations willing hours of volur eer: ling Horse Show	pport SCUEC with volu commended per \$100 to contribute more volu	nteer hours. of requested funding unteer hours will be g t year. hours	Yes	No ion for funding.
Board action:	nteers and total r	nan-hours you can prov			
Approved on: More Info rec Check issued	quested:			Tabled:	

Revised October 2023