



**NEVADA MILITARY  
SUPPORT ALLIANCE**

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## FORMAL PARTNERSHIP GRANT REQUEST FORM

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Date Requested: \_\_\_\_\_ Date Granted: \_\_\_\_\_

This form is to be completed by 501(c)(3) Organizations requesting partnership, sponsorship or assistance from the Nevada Military Support Alliance

### APPLICANT INFORMATION

ORGANIZATION NAME: \_\_\_\_\_

PRIMARY CONTACT PERSON: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

### SUMMARY OF REQUEST: (What is being asked of the NMSA)

Soldier request  Family request  Non-profit request  Business request  Other

AMOUNT OF REQUEST: \_\_\_\_\_ PAYABLE TO: \_\_\_\_\_

DATE NEEDED BY: \_\_\_\_\_

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## ORGANIZATION INFORMATION & REASON FOR REQUEST

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Please tell us about your organization and the reason for the request.



## NEVADA MILITARY SUPPORT ALLIANCE

### REQUIRED ATTACHMENTS:

Provide a copy of your Organization's 501 (c)(3) IRS status confirmation letter. Copy of sponsorship or event information related to requested assistance. A financial breakdown of the event to be sponsored, copies of invoices and other supporting receipts. Provide a Post Event summary of how the assistance was spent or used.

The following have been provided:

\_\_\_ 501 (c)(3) status confirmation letter \_\_\_ Event/Program Information \_\_\_ Budget/Financial  
breakdown \_\_\_ Invoices and other supporting receipts

## APPROVAL

DATE APPROVED: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

PAYABLE TO: \_\_\_\_\_

CHECK # \_\_\_\_\_ FROM COMMUNITY FOUNDATION: YES NO  
FROM OPERATING ACCOUNT: YES NO

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_