

Cabaret For Life Beneficiary Application Form

Date of request: _____

Legal name of Organization: _____

Address: _____

Web Site _____

Contact Person(s), Title(s), Phone Number(s), and Email Address(es):

Mission Statement of
Organization:

Is your organization an IRS 501(c)(3) not-for-profit? Yes No

If no, please explain: _____

A copy of the 501(c)(3) letter your organization received from the IRS must be enclosed with your application.

Amount requested: _____

Total program budget: _____

Total organization budget (for current year): _____

List sources and amounts of funding secured or pursued for this project, if any:

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Areas of emphasis within Cabaret For Life's mission that your program will address:

Location of community or communities served by your program:

Describe the program for which you seek funding:

Target Population: _____

Number of people served by your program: _____

Please Return to:
Cabaret for Life, Inc.
PO Box 121
Ocean Grove, NJ 07756