



Sierra Community Center
Federal Tax ID: 77-0531439

Fundraising Request Application

Application Date	
EIN	
Tax ID/Non-Exempt #	

Name of Organization	
Date of Formation	

Organization Address	
Mailing Address	

Telephone Number		Fax Number	
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Website Address	
E-Mail	
Contact Person	
Title	
Telephone Number	
E-Mail	

****** Information below this line pertains to the head of your organization's governing body ******

Name:	
Title	

Check ALL that apply to your organization:

<input type="checkbox"/>	Not-for-Profit	<input type="checkbox"/>	Religious Institution
<input type="checkbox"/>	IRS Section 501(c)(3)	<input type="checkbox"/>	Masjid/Islamic Center

Sierra Community Center
7150 N Milburn Ave, Fresno, CA 93722
Phone: (559) 274-0906



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<input type="checkbox"/>	Humanitarian Relief	<input type="checkbox"/>	Community Center
<input type="checkbox"/>	Civil/Human Rights	<input type="checkbox"/>	Legal Defense Fund
<input type="checkbox"/>	Other		

Provide the reason(s) for this request:

Detail how you intend to use the donated funds:

Is your organization, its officers, agent, or affiliates now or in the past the subject of any criminal investigation regarding your organizational activities?

Yes No.

If yes, please provide details as to the nature of the investigation and its present status.



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List the names of any affiliations with domestic or foreign Organizations:

1.	
2.	
3.	
4.	
5.	

Has your organization or its affiliates now or in the past been barred or blacklisted or had its Charitable status revoked or suspended by any governmental authority whether U.S. or foreign?

Yes No.

If yes, please provide the following information:

Date of Revocation: _____

Revoking Authority: _____

Reason for Revocation: _____

Present Status: _____

Has your organization, its affiliates, or agents now or in the past been charged and/or convicted of misappropriation of donated funds by any governmental authority whether U.S. or foreign?

Yes No

If yes, please provide the following information:

Date of Conviction _____

Convicting Authority _____

Conviction Charges _____

Present Status _____



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I,, of full age and after being duly sworn make the following statements:

1. I have been duly authorized by the organization on whose behalf this application is being made to complete the application.
2. We have the legal authority to distribute funds.
3. We will not use the funds donated for any un---Islamic, illegal, immoral or unlawful purpose.
4. We will not deviate from using the funds for the purposes stated in this application.

Applicant:		Signature:		Date:	
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DO NOT COMPLETE – OFFICIAL USE ONLY

Date reviewed _____

Application: Approved Denied

Approving Officer Name _____

Approving Officer Signature _____

Fundraising Date: _____

Fundraising Time: _____