

# Sweetbay Supports

## REQUEST FOR DONATION

Organization name \_\_\_\_\_  
Address \_\_\_\_\_  
City, ST, Zip \_\_\_\_\_  
Telephone number \_\_\_\_\_  
Contact person/title \_\_\_\_\_  
Email Address \_\_\_\_\_

**Project Category - Check one:**

Hunger Relief       Nutritional Wellness       Diversity

Name of project \_\_\_\_\_  
Amount requested \_\_\_\_\_  
Geographic area(s) impacted: \_\_\_\_\_  
Closest Sweetbay location: \_\_\_\_\_  
Please check:       New Initiative       Existing Program

**Please provide the below information with this request.**

1. Mission statement with a brief description of organization's background.
2. Description of the specific project for which funding is requested and the projected outcomes.
3. From where or whom are you currently receiving funding for this project?
4. Itemized breakdown of funding needs (i.e. operational costs, supplies).
5. Will Sweetbay need to provide product or supplies? If so, please list.
6. What marketing/promotional support can Sweetbay expect by partnering with your organization?

***Upon completion of this form, please mail to:***

**Sweetbay Supports  
3801 Sugar Palm Drive  
Tampa, FL 33619**