

2024-2025 WGY CHRISTMAS WISH ALLOCATION REQUEST FORM



To be considered for this year's allocation, please return this form by January 31, 2025 with your tax-exempt status letter to

ADDRESS

WGY Christmas Wish
1203 Troy-Schenectady Road, Suite 201
Latham, NY 12110

PHONE

(518) 452-4803

E-MAIL

tracyvillaume@iHeartMedia.com

- TAX-EXEMPT LETTER AND FEDERAL TAX ID NUMBER **MUST** BE INCLUDED WITH APPLICATION TO BE CONSIDERED
- ONLY ONE APPLICATION PER AGENCY
- NO ATTACHMENTS
- APPROVED ORGANIZATIONS WILL BE NOTIFIED BY MAIL
- WE AIM TO AWARD GRANTS BY THE END OF Q2

ORGANIZATION'S NAME: _____

DATE: _____ FEDERAL TAX ID NUMBER: _____

ADDRESS: _____

COUNTY: _____ CONTACT NAME & PHONE NO: _____

TOTAL ANNUAL OPERATING BUDGET (REVENUE & SUPPORT) - PLEASE LIST ALL SOURCES OF FUNDING: _____

HAVE YOU **REQUESTED** FUNDING BEFORE? _____ **RECEIVED** (MOST RECEBT YEAR & AMOUNT)? _____

GEOGRAPHIC AREA YOUR ORGANIZATION SERVES: _____

NUMBER OF CHILDREN ACTUALLY SERVED ANNUALLY: _____

TOTAL PERCENTAGE OF LOW-INCOME SERVED ANNUALLY: _____

NO. OF VOLUNTEERS: _____ NO. OF PAID STAFF: _____

DOLLAR AMOUNT YOU ARE REQUESTING FROM CHRISTMAS WISH THIS YEAR: _____



PLEASE CATEGORIZE YOUR REQUEST UNDER THE MOST APPROPRIATE HEADING. IF MORE THAN ONE AREA IS INCLUDED IN YOUR REQUEST, PLEASE BREAK IT DOWN ACCORDINGLY.

(A) LIFE SUPPORT: _____

(B) OTHER HEALTH RELATED: _____

(C) RECREATION EQUIPMENT: _____

(D) RECREATION ACTIVITIES: _____

(E) CHILD CARE: _____

(F) ALL OTHERS: _____

DO YOU HAVE A SPECIFIC ITEM OR PROGRAM YOU ARE REQUESTING FUNDING FOR? IF SO, PLEASE DESCRIBE (INCLUDING TOTAL COST, IF MORE THAN THE REQUESTED AMOUNT): _____

PLEASE GIVE A BRIEF DESCRIPTION OF YOUR ORGANIZATION AND THE SERVICES IT PROVIDES:

YOUR NAME _____ YOUR SIGNATURE _____
(PLEASE PRINT)

YOUR TITLE

APPLICATION MUST BE RETURNED BY JANUARY 31, 2025

