

# 2019-2020 WGY CHRISTMAS WISH ALLOCATION REQUEST FORM



To be considered for this year's allocation, please return this form by January 31, 2020 with your tax-exempt status letter to [jillmanti@iheartmedia.com](mailto:jillmanti@iheartmedia.com):

### ADDRESS

WGY Christmas Wish  
Riverhill Center  
1203 Troy-Schenectady Road  
Latham, NY 12110

### PHONE

(518) 452-4800

### E-MAIL

[jillmanti@iHeartMedia.com](mailto:jillmanti@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

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** (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:** \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

YOUR NAME \_\_\_\_\_ YOUR SIGNATURE \_\_\_\_\_

*(PLEASE PRINT)*

YOUR TITLE \_\_\_\_\_

THIS APPLICATION MUST BE RETURNED BY JANUARY 31, 2020