AMBUCS

SOUTHWEST CHAPTER

Community Partnership & Funding Application

Southwest AMBUCS
Community Partnership & Funding Application

Creating Mobility. Inspiring Independence. Serving Our Community.

Purpose
This application helps the Southwest AMBUCS Board evaluate requests for financial support and determine alignment with our mission.

Our Mission

Southwest AMBUCS is dedicated to creating mobility and independence through adaptive AmTrykes, scholarships for future therapists, community service, and partnerships that improve lives across the Texas Panhandle.

Organization Information

Organization Name	_____
Primary Contact	_____
Title	_____
Phone	_____
Email	_____
Website	_____

501(c)(3) EIN	_____

Our Mission

Describe your organization's mission and who you serve.	_____

Funding Request

Amount Requested	_____
How will funds be used?	_____
Project Timeline	_____

Mission Alignment

Explain how this request aligns with Southwest AMBUCS' mission of mobility, independence, rehabilitation, accessibility, or inclusion.	_____

Community Impact

Who benefits?	_____
How many people will be served?	_____
How will success be measured?	_____

Recognition

How will Southwest AMBUCS be recognized if funding is approved?	_____

Board Review (Internal Use Only)

Date Received	
Presented By	
Funding Requested	
Funding Approved	
Motion	
Second	

Vote	
Comments	