

Black Tie Charity Ball
Tennessee Valley, AL
www.blacktiecharityball.com

Veterans Organization Financial Support Request Form

Black Tie Charity Ball funds are open to any Veteran/First Responder organizations within the Tennessee Valley Communities or the affiliates of North Alabama Veterans Fraternal Organizations Coalition (NAVFOC). The NAVFOC membership is NOT required, however it is highly recommended.

(Request is NOT a guarantee to receive Black Tie funds)

The Black Tie Charity Ball (BTCB) chairing team will review each application and will determine which organization(s) (maximum of 2) will receive funds and how much.

Funds WILL NOT be granted for individual requests for any reason(s).

Following Criteria for Consideration:

1. Organization must be a 501(c)(3) nonprofit organization and must submit a copy of their status with their request.
2. Request must be submitted by **31 March 2026**. The BTCB chairing team WILL NOT consider late submissions and WILL NOT notify the organization(s) who submit late entries.
3. Form must be completed correctly and in its entirety by the deadline. Incomplete forms will not be considered.

Organization Requirements:

1. If your organization is selected to receive the BTCB funds, we kindly request that you donate a ready-made theme basket for the silent auction to help with the fundraising event.
2. Receiving organizations must purchase a table and have members attend the Ball.
3. The organization will be required to provide a report on the disbursement of funds received at the following years BTCB event.
4. Receiving organizations must attend the BTCB donation presentation. If for any reason the organization fails to show up to receive their donation, they will forfeit their requested funds. There will be no exceptions.

Please Provide the Following Information for Consideration:

Name of Requesting Organization: _____
Organization EIN: _____

Organization Mission Statement:

NAVFOC member? Yes or No

Previous year organization's income/donations received:

Previous year total expenses towards Veteran/First Responder program(s):

Number of paid staff working in the organization:

Number of active members in the organization:

Total annual salaries for employees working for the organization:

What percentage of salaries will be paid to your organization's employees from the BTCB funds? Please explain how the BTCB funds will be used if granted (no more than 150 words)

How will Veterans and/or First Responders or their Families benefit (no more than 300 words please):

Who can provide additional information about your organization if needed?

Name: _____

Title: _____

Cell #: _____

Email: _____

Signature and Title of Requester

Date Request Submitted