



Helping hands for  
our local community

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## A Bounce Forward Organization Application

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To apply for fundraising or financial assistance, you must meet the following criteria:

1. Your organization must operate in one of the eleven counties that *A Bounce Forward* provides assistance:  
Adams, Cumberland, Dauphin, Juniata, Lancaster, Lebanon, Northumberland, Perry, Schuylkill, Snyder and York.
2. You agree to partner with *A Bounce Forward* to coordinate and direct fundraising efforts on your organization's behalf.

Please be aware:

1. If approved for assistance, funds are typically paid directly to a vendor/service provider. We will not pay any funds directly to an individual and your organization may not be eligible for direct payment.
2. We provide temporary assistance for specific needs related to our mission and pillars. Please review the [About ABF page](#) on our website and be prepared to identify how your need aligns with our mission.
3. All sections of the application must be complete and accurate in order for A Bounce Forward to review the request. Failure to provide complete and truthful information is basis for denial.

Completed applications and any attachments can be mailed:

***A Bounce Forward***

5600 Plainview Drive, Harrisburg, PA 17111

Phone: 717-558-8075

If your needs are particularly emergent, please call us (717-558-8075) to let us know your application is waiting.

Thank you in advance for your application.

***A Bounce Forward***

[www.ABounceForward.org](http://www.ABounceForward.org)

*\*Denotes required item*

# A Bounce Forward Organization Application

\*Date Form Completed: \_\_\_\_\_

\*How did you hear about us? \_\_\_\_\_

Group, company or entity name here: \_\_\_\_\_

\*Group Contact's Name

First: \_\_\_\_\_ Last: \_\_\_\_\_

Connection to Group (i.e., title or relationship): \_\_\_\_\_

\*Mailing Address: Street: \_\_\_\_\_

Add'l Info: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Best Phone Number to reach you: Additional Contact Number

\_\_\_\_-\_\_\_\_-\_\_\_\_

\_\_\_\_-\_\_\_\_-\_\_\_\_

\*Email Address: \_\_\_\_\_@\_\_\_\_\_

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**\*Purpose of Request: Briefly describe why your organization needs funding (i.e. need new sports equipment) and why you are asking A Bounce Forward to assist. Please be as specific as possible about your needs.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\* Briefly describe how these needs align with the mission and pillars of A Bounce Forward.**

\_\_\_\_\_  
\_\_\_\_\_

\*Total Funding amount requested: \$\_\_\_\_\_ Approximate Date Needed: \_\_\_\_\_

\*If you know specific amounts for specific needs, please detail here: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## A Bounce Forward Organization Application

If approved, funds will go directly to the vendor, service provider, or other entity, i.e., supplier, program, provider. Any invoices must have this information to be paid. We will contact this entity to verify amounts and need.

Please provide information for this source, if you have it. Mark "unknown" if you don't have the information at this time. Feel free to add pages if you have additional payee information.

\*Payee Name or Company Name: \_\_\_\_\_

\*Payee Contact Name: \_\_\_\_\_

\*Payee Address: Street: \_\_\_\_\_

Add'l: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Payee Phone Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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If approved for this partnership and fundraising support from A Bounce Forward, would you be willing to provide us with testimonial information to share on our website or social media?  Yes  No  Maybe

Please read the following and check the box before submitting. Be aware that A Bounce Forward is staffed by volunteers. It takes time to receive and review applications.

I understand that A Bound Forward will vet the information in this application prior to dispersing any funding. This will take a minimum of two weeks.

By signing below, I declare that the statements made in this application and all accompanying materials are true and complete to the best of my knowledge and belief. I understand that in the event any information is found to be intentionally falsified, I will be disqualified from consideration for funds from *A Bounce Forward (ABF)*.

\_\_\_\_\_  
Signature of Applicant or Designee

\_\_\_\_\_  
Date