



# Sarasota-Manatee Bicycle Club (SMBC) Charitable Community Support Program Donation Application

## Organizational Statement

SMBC was founded in 1974 as the Sarasota Bicycle Club, Inc. Our name was changed to the Sarasota-Manatee Club, Inc. (SMBC) in 1990. We are a non-profit organization dedicated to bicycling for recreation, fitness, exercise, sport, and transportation. The club takes an active role in the Sarasota-Manatee area to promote equal road rights and safe bicycling practices. Each year, funds permitting, a portion of club revenue is devoted to support bicycle-related charitable activities.

## Purpose

SMBC has established a Charitable Support Program to assist organizations whose programs and activities are consistent with SMBC objectives and best fulfill the SMBC mission. Some examples are:

- Educating children and adults regarding bike safety
- Providing bike equipment and bicycles to people in need or who are physically challenged
- Providing bike repair services

## Guidelines

Donations will be limited to \$1000.00 per organization per year, with exceptions to be considered by the board of directors. Donations will not be awarded to individuals. Applicants seeking support from SMBC are required to complete and submit the attached application.

## Submission, Review Dates, Review Process

A panel of three SMBC board members will review applications and forward their recommendations to the full board. Applications are reviewed on an ongoing basis and may be submitted either electronically or as a hard copy.

Please print out the application to mail or save the file and send via email as an attachment.

Applications may be submitted electronically to: [smbctreasurer3@gmail.com](mailto:smbctreasurer3@gmail.com)  
Hard copies may be mailed to: **SMBC P.O. Box 15053 Sarasota, FL 34277-1053**



## Sarasota Manatee Bicycle Club Community Donation Application

### Contact Information

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Donation amount requested: \_\_\_\_\_

### Beneficiary Organization Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Type of organization: \_\_\_\_\_

Phone: \_\_\_\_\_

Describe how the requested donation assists the beneficiary and how it satisfies the objectives of the Sarasota Manatee Bicycle Club:

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Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_