



GRANT APPLICATION

_____ **Marathon Grant:** Submit with Post Event Volunteer Report by May 15.

_____ **Half Marathon Grant:** Submit with Post Event Volunteer Report by December 15.

Important Note: All Volunteers must be able to perform their assigned tasks with little or no supervision. Children too young to be left unsupervised must not be used as Volunteers as their presence results in unsafe conditions for both the children and the competitors. When determining how much an organization will receive for a grant, the quality of the volunteers as well as the quantity is considered.

Name of Organization: _____

Address: _____

City State Zip: _____

Briefly describe the mission of your organization:

Contact Name: _____ Phone: _____

Email: _____

1. Attach proof of tax-exempt status or provide Non-Profit Tax I.D. # _____

2. Name of Volunteer Team Captain: _____

3. Email: _____ Phone: _____

4. Would your organization like to provide volunteers for future Marathon/Half Marathon events?
Yes ___ No ___

How many volunteers? _____ To work in what area(s)? _____

NOTE: A Post Event Volunteer Report must be submitted your grant application to be considered.

(Your Name) (Date)

(Your Title)

Big Sur International Marathon
P.O.Box 222620, Carmel, CA 93922
Phone: (831) 625-6226



Post Event Volunteer Report

Today's Date: _____

Your Group: _____

Your Group's BSIM Race Director/Board Member Contact:

Please list job(s) performed and # of volunteers and hours worked. If multiple days or jobs, please list accordingly.
Questions? Contact Thompson at the marathon office. Phone: (831) 625-6226 Email: thompson@bsim.org

Volunteer Job: _____

Number of Volunteers: _____ Total Hours: _____

Volunteer Job (2): _____

Number of Volunteers: _____ Total Hours: _____

Volunteer Job (3): _____

Number of Volunteers: _____ Total Hours: _____

(Attach additional sheets if necessary)

Would your group like to volunteer next year? Yes _____ No _____

Comments, suggestions, and anything else you wish to share:

Send completed form along with Grant Application to:

Thompson Lange

Email: thompson@bsim.org

Mailing Address: BSIM, PO Box 222620, Carmel, CA 93922