



# Seaside Le Mans

## Beneficiary Interest Form

Requirements for consideration:

- **Funds are designated for:**  
**Health & Human Services, Social Services or Children's Programs**
- **Funds must be used on Cape Cod for local residents**

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

Mission: \_\_\_\_\_

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

Website: \_\_\_\_\_

Number of individuals served by organization annually: \_\_\_\_\_

Annual Budget: \_\_\_\_\_

Each of the selected beneficiaries will work with Seaside Le Mans to choose a funding focus area. What are your anticipated funding focus area needs (i.e. "Classroom-based Science Programs" "Food Pantry Expansion" "Adaptive Sports Program"):

\_\_\_\_\_

\_\_\_\_\_

Each of the selected beneficiaries will be required to match the Seaside Le Mans funding (approx. \$50,000) with new sources of funding. Does your organization have the capacity to raise the matching funds? \_\_\_\_\_

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

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

Contact Email: \_\_\_\_\_

Please return this form to Kelsey Ellis at [kellis@thedavenportcompanies.com](mailto:kellis@thedavenportcompanies.com).

A representative of the Charitable Giving Committee will be in contact if more information is needed.