



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 Morgan at MDexter@thedavenportcompanies.com.
A representative of the Charitable Giving Committee will be in contact if more information is needed.