



Idaho State Bar  
PO Box 895  
Boise, ID 83701-0895

## SECTION CONTRIBUTION REQUEST

Section funds may only be used for charitable contributions to law related entities or organizations

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

Amount Requesting: \_\_\_\_\_

### AGENCY INFORMATION:

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

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

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

Title: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Brief history including mission, goals & objectives (attach brochure if available):

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### PURPOSE OF FUNDING REQUEST:

Legal Services to the Poor

Administration of Justice

Law Related Education

Scholarships

Other (Explain)  \_\_\_\_\_

Statement of need:

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Describe beneficiaries:

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Describe goals, measurable objectives & planned activities to accomplish goals:

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**FINANCIAL INFORMATION:**

Annual operating budget: \$ \_\_\_\_\_

Sources of Income:

1. \$ \_\_\_\_\_

2. \$ \_\_\_\_\_

3. \$ \_\_\_\_\_

4. \$ \_\_\_\_\_

5. \$ \_\_\_\_\_

**Total Annual Income:** \$ \_\_\_\_\_

Annual Expenditures:

1. \$ \_\_\_\_\_

2. \$ \_\_\_\_\_

3. \$ \_\_\_\_\_

4. \$ \_\_\_\_\_

**Total Annual Expenses:** \$ \_\_\_\_\_

**STAFF / VOLUNTEER INFORMATION:**

Principal Staff / Volunteer Members:

<b>Name</b>	<b>Title</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**ATTACHMENTS:**

Please include any additional information you would like for the Section to consider regarding your organization.

**Remit to:**

**Idaho State Bar  
Attn: Mahmood U. Sheikh  
PO Box 895  
Boise, ID 83701-0895**