



Community Fund Management Foundation

Application for Organization Grant Request

Grant Applicant

This Grant is being applied for the following organization:

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Website: _____

EIN: _____

Has an Application for Organization Grant Request been previously submitted for this Grant Applicant? _____ No _____ Yes

Submission Applicant

This Grant is being submitted by the following person on behalf of the Grant Applicant:

Name: _____

Title: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Information Regarding Grant Request

Please limit your attachments to fifteen (15) single-sided pages.

1. Amount Requested: \$_____
2. Check Made Payable To: _____ Grant Applicant _____ Other: _____
3. Detailed explanation of reason for Grant Request: *(Use additional pages if necessary.)*

4. Is this request part of a larger plan project?

_____ No _____ Yes

If yes, please provide the total project plan, budget, and amount raised to-date.

5. Please attach the following:

- a. Detailed documentation to support the Grant Request, such as a quote, invoice, proposal, etc.
- b. Your organization's mission statement or similar documentation.
- c. Explanation of the population that will be served if this Grant is approved.
- d. Your organization's annual budget for current fiscal/calendar year.
- e. Board list with affiliations.
- f. Key staff members and qualifications or organizational chart.
- g. Audit with auditor's notes and management letter, if applicable. If no audit is available, please provide your organization's current statement of revenue/support and expenses and current balance sheet and statement of activities for your organization's most recently completed fiscal/calendar year.
- h. Copy of IRS Letter 4168C or equivalent identifying 501(c)(3) status.

6. Does your organization have any current or prior relationship with CFMF, Equity Trust, or Vantage Financial Group, including but not limited to, serving as a designated advocate, a CFMF Board Member, or an employee of CFMF serving on your Board?

NO YES (explain below)

7. Does your organization have any outstanding tax liens, criminal or civil investigations, or other criminal or civil matters pending?

NO YES (explain below)

By signing my name below, I understand and agree to the following:

- I have authority to submit this Application on behalf of the above organization.
- The subject organization shall not receive more than \$20,000 in combined approved grants from CFMF.
- Incomplete requests will be returned and will not be considered for approval.
- CFMF will be notified by the Grant Applicant or the subject organization should information on this Application change prior to its receipt of the grant within five (5) business days of such change. Changes that would render notification to CFMF includes, but are not limited to, resignation/termination of Grant Applicant, loss of nonprofit status by organization, or notice of investigation of organization by any civil or criminal authority.

- The Grant Applicant and Submission Applicant will cooperate with CFMF and provide requested documentation to confirm the funds are used for the requested and intended purpose should this Application be approved.
- In the event this Application is approved, the Grant Applicant agrees that CFMF may disclose the award of the grant and the Grant Applicant's name on CFMF's website, annual report, or through other written or electronic means in CFMF's sole discretion.

Signature of Submission Applicant

Date

Printed Name of Submission Applicant

Completed applications should be sent to CFMF's Administrative office
via regular mail or fax:

Community Fund Management Foundation
Attn: Endowment Committee
17900 Jefferson Park
Suite 102
Middleburg Heights, OH 44130
Phone: 216/ 736-4540
Fax: 216/ 867-9783

For internal purposes only:

	Date Received by CFMF Administrative Office
	Quarter Review Date
	Date Confirmation Letter Sent or Incomplete Submission Returned Due: _____
	Entered into Review Docket Due: _____
	Date Reviewed by Endowment Committee Due: _____
	Date Reviewed by Executive Director Due: _____
	Date Result Letter Sent Due: _____
	Date Funds Sent (If Approved) Due: _____